



***Training Course 5  
Online***

**AGENDA**



***WELCOME!***

Welcome  
Paperwork  
Program Basics  
Privacy Practices and Confidentiality  
Medicaid  
Medicare Changes  
Long-Term Care Insurance  
Medicare Advantage  
Health Savings Accounts  
STARS  
Counseling Techniques  
Questions  
Complete Evaluation

**Thank you for your attention and time today!**



# **2019 SHICK Update Training Course 5**

Regional Manager

# Welcome to Training

- Please study the entire training as presented
- You will need to successfully complete the Training Record/Confidentiality Agreement/Memorandum of Understanding and a brief test to receive Update credit
- There is an appendix following the training pages, beginning on page 145. It includes an acronym list, overview of Medicare costs, Medicaid MCO benefits, and STARS forms
- Feel free to contact our office with questions

# Senior Health Insurance Counseling for Kansas – SHICK

- The SHIP in Kansas is called the Senior Health Insurance Counseling for Kansas program (SHICK)
  - part of the Kansas Department for Aging and Disability Services (KDADS).
- SHICK Mission Statement
  - SHICK educates the public and assists consumers on topics related to Medicare and health insurance so they can make informed decisions.
- SHICK's mission is accomplished by
  - Information and Education
  - One-on-One Counseling





## Medicare Improvements for Patients and Providers Act (MIPPA)

- MIPPA - Under the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA), states, territories, and the District of Columbia received funding to help Medicare beneficiaries apply for the Medicare Part D Extra Help/Low-Income Subsidy (LIS) and the Medicare Savings Programs (MSPs).
- MIPPA provides targeted funding for SHIPs, AAAs, and ADRCs to:
  - Conduct outreach and enrollment of low-income Medicare beneficiaries into Part D Low Income Subsidy (LIS/Extra Help) and the Medicare Savings Programs (MSPs).
  - Promote utilization of free preventive services offered under Medicare since the passage of the Affordable Care Act (ACA) in 2010.

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## The SMP mission is...

to empower and assist Medicare beneficiaries, their families, and caregivers

to protect, detect, and report health care fraud, errors, and abuse

through outreach, counseling, and education.



# Kansas Senior Medicare Patrol Contact Information

Visit us online:

<http://www.kdads.ks.gov/commissions/commission-on-aging/medicare-programs/kansas-senior-medicare-patrol>

For more information

Call Toll-free: 800-432-3535

- To report suspected fraud/abuse
- For training, speakers, and/or materials



# Protecting Beneficiary Confidentiality and Privacy

- As a SHICK counselor, you will have access to beneficiaries' health information as well as personal identifying information like Medicare numbers and Social Security Numbers.
- You must handle this information carefully and keep it confidential to protect beneficiaries from fraud, identity theft, health-based discrimination, and other potential problems.



# What is “confidentiality?”

- “To confide” means to trust in someone
  - Especially when sharing secrets or private matters
- “Confidence” means firm belief, trust, reliance
  - Belief that another person will keep a secret, or “maintain strict confidence”
- “Confidential” means entrusted with private or secret matters
- It’s about building and maintaining trust!

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AD ASTRA

# Why is Confidentiality Important in SHIP and SMP Work?

It frees clients to share personal information that counselors need to do their work.

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It shows respect for, and helps protect clients.

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It builds the program's reputation as a trusted, reliable resource.

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It helps prevent costly privacy and security breaches (e.g., legal fees and fines).

# What Rules Affect Confidentiality in SHIP & SMP Work?

## Federal law

HIPAA (Health Insurance Portability and Accountability Act of 1996)

Privacy Rule: privacy rights and access to records

Security Rule: data protection duties and penalties

## State law

Constitutional privacy rights in some states

Privacy (data breach) acts

## Agency policies

Volunteer Risk & Program Management (VRPM) Policies

CMS Unique ID for SHIPs and SMPs





# HIPAA's Two Parts

## The HIPAA Privacy Rule

- Defines “protected health information,” or P.H.I.
- Establishes permitted uses & disclosures of P.H.I.
- Regulates authorized uses of P.H.I.
- Limits uses and disclosures to minimum necessary

## The HIPAA Security Rule

- Addresses safeguards for “electronic protected health information,” or e-P.H.I.
- Requires covered entities to:
- Ensure confidentiality and integrity of all e-P.H.I.
  - Identify and protect against anticipated security threats
  - Protect against anticipated impermissible uses or disclosures
  - Ensure compliance by their workforce through training and oversight.

# Who does HIPAA Apply To?

“Covered Entities” and their business associates must comply with HIPAA’s Privacy and Security Rules

- Health plans
  - Includes Medicare, Medicare health plans, Medicaid, Medicare supplement insurers (Medigap), group health plans
- Health care providers
  - Hospitals, nursing facilities, physicians, etc.
- Health care clearinghouses
  - Billing services, health management information systems
- Business associates
  - A person or organization that contracts with a covered entity to perform some of its functions

# Does HIPAA Apply to SHIP & SMP?

The programs are not “covered entities” but...

Local cosponsors may be covered entities if they provide health care services or contact with those who do.

Most third parties with whom SHIPs & SMPs interact are covered entities (i.e., Medicare, Medicare Advantage plans, hospitals, doctor offices, 1-800-MEDICARE, etc.)

# What is the HIPAA Privacy Rule?

It's a federal law that protects all "individually identifiable health information" held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral.

This information is called "protected health information," or P.H.I.

# Individually Identifiable Health Information

“Individually identifiable health information” is information, including demographic data, that relates to:

- an individual’s past, present or future physical or mental health or condition,
- providing health care to the individual, or the past, present, or future payment for providing health care to an individual, and,
- identifies the individual or gives a reasonable basis to use in identifying an individual.

Individually identifiable health information includes common identifiers like, name, address, birth date, Social Security Number.

# HIPAA Privacy Rule Protections

## Purpose

The Privacy Rule defines and limits the circumstances when covered entities may use or disclose an individual's P.H.I.

## Basic Principle

Covered entities may not use or disclose P.H.I. except as:  
**the Privacy Rule requires or permits, or**  
**the individual/patient (or personal representative) authorizes in writing**

# Privacy Rule Protections

An individual has rights under the Privacy Rule to:

- Receive notice about a provider's privacy practices
- Review and obtain a copy of their P.H.I. in a covered entity's designated record set
- Have covered entities amend their protected health information in a designated record set when that information is inaccurate or incomplete
- An accounting of P.H.I. disclosed by a covered entity
- Request a covered entity to restrict P.H.I. disclosure
- Request alternate means or location for receiving communications of P.H.I., other than those typically used

# What is the HIPAA Security Rule?

It covers P.H.I. that is created, received, maintained or transmitted in an electronic form. This includes P.H.I.:

- Transmitted over the Internet (e.g., email)

- Stored on a computer, a CD, a disk, magnetic tape, or other related means.

- Stored on personal devices (e.g., cell phones and tablets)

The Security Rule does not cover P.H.I. that is transmitted or stored on paper or provided orally.





# Security Rule Safeguards

Covered entities must protect against reasonably anticipated threats to, and impermissible uses and disclosures of, P.H.I. by

Conducting risk analyses

Implementing administrative safeguards

Building physical safeguards

Installing technical safeguards

Documenting Policies & Procedures

# HIPAA: SHIP & SMP Operations

Covered entities, including health care providers, can't disclose an individual's P.H.I. without written consent or the individual's presence and oral consent

- Use consent forms to document authorization
- Make 3-way calls with provider and client on the line

Customer service representatives at 1-800-MEDICARE can't discuss a client's P.H.I. with third parties

- Must use the SHIP Unique ID to conduct SHIP work
- Privacy training required

Electronic transmissions containing P.H.I. must be secure

- Use email encryption

HIPAA Security Rule is model for Volunteer Risk & Program Management Information Technology (IT) policies



# What is Personal Protected Information (P.P.I.)?

“A beneficiary’s first name and last name or first initial and last name in combination with at least one of the following:

- Social Security number
- Driver’s license number or state-issued identification card number
- Financial account number or credit or debit card number, with or without any required security code, access code, personal identification number or password, that would permit access to a resident’s financial account

Protected personal information does not, however, include information that is lawfully obtained from publicly available information or from federal, state, or local government records lawfully made available to the general public.”

## P.P.I. = P.I.I. and P.H.I.

### Personally Identifiable Information (P.I.I.)

Information which can be trace an individual's identity, such as their name, social security number, biometric records, etc. alone or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as a data and place of birth, mother's maiden name, etc."<sup>1</sup>

### Protected Health Information (P.H.I.)

Individually identifiable health information that is explicitly linked to a particular individual, and health information which can allow individual identification.<sup>2</sup>

P.H.I. includes many common identifiers (e.g., name, address, birth date, Social Security Number) when they can be associated with the health information listed above.

1. See [www.whitehouse.gov/sites/whitehouse.gov/files/omb/memoranda/2007/m07-16.pdf](http://www.whitehouse.gov/sites/whitehouse.gov/files/omb/memoranda/2007/m07-16.pdf) Safeguarding Against and Responding to the Breach of Personally Identifiable Information to more details.
2. Health Insurance Portability and Accountability Act of 1996. See website for more details at: <https://www.hhs.gov/hipaa/for-professionals/privacy/special-topics/de-identification/index.html#protected>

# What is a security breach?

Security breaches occur when unauthorized persons gain access to P.P.I./P.H.I. by:

- Stealing computers and/or computing files
- Overhearing conversations about clients
- Dumpster diving for medical and payment records
- Reading documents left on unattended desks or copy machines
- Extracting data from the hard drives of discarded copy machines
- Any other means



# VRPM Confidentiality Policy

What is the policy for protecting client confidentiality?

Policy 3.81: SHIP & SMP volunteers are responsible for maintaining the confidentiality of all proprietary or privileged information to which they are exposed while serving as a volunteer, whether this information involves a member of staff, a volunteer, a beneficiary or other person, or involves the overall business of the SHIP.

## VRPM Confidentiality Policy, cont.

How does Policy 3.81 affect SHIP & SMP operations?

- Volunteers are to be trained on confidentiality before they get a CMS Unique ID
- Volunteers are to sign a written confidentiality agreement
- The agreement informs volunteers that a confidentiality breach is grounds for immediate dismissal
- Participation in SHIP & SMP is conditioned on full compliance with the agreement.



# Confidentiality Best Practices

Volunteers take steps needed to safeguard beneficiary related information and prevent unauthorized persons from accessing P.P.I./P.H.I.

Use private spaces in meetings with clients to ensure confidentiality

Use computer screen covers to block PPI/P.H.I. from unauthorized viewers

Store documents containing P.H.I. in locked offices or filing cabinets

Shred written notes when no longer needed



## Confidentiality Best Practices, cont.

Volunteers use information obtained in the course of their work only to assist the client or otherwise meet their responsibilities. They do not disclose confidential information to others unless authorized.

- Discuss cases with other SHIP & SMP staff in private
- Limit information sharing to minimum needed to assist, train, or report
- Return original documents containing P.P.I./P.H.I. to clients and make copies only when necessary
- Follow protocols to destroy documents containing P.P.I./P.H.I.

# VRPM IT Policies

Volunteers are to comply with Information Technology (IT) procedures or protocols for:

- Controlling access to and use of beneficiary information
- Safe operation of computers used to collect and store program and beneficiary information
- Using the Internet, including e-mail use and appropriate access to web sites.
- Using wireless devices to connect to the Internet while performing SHIP or work
- Using their personal computers while performing SHIP or SMP work.

# VRPM IT Policy Best Practices: Don't

Don't send or forward e-mails with P.P.I. to personal e-mail accounts (e.g., Yahoo, Gmail)

Don't upload PPI to unauthorized websites (e.g., wikis)

Don't use unauthorized mobile devices to access P.P.I.

AD ASTRA

# VRPM IT Policy Best Practices: Do

Do store PPI in a password protected file on a password-protected computer to which only authorized persons have access.

Do report lost or stolen client information to your supervisor.

Do lock your computer anytime you step away to avoid the chance that an unauthorized individual will access it.

Do clear your web browser history to avoid other users accessing PPI.

Do use strong passwords, ideally “pass phrases,” for email accounts.

Do lock up portable devices (e.g., laptops, cell phones).

## Best Practice: Strong Passwords

Strong passwords include a random combination of 8 or more numbers, symbols, capital and lower-case letters. Using different character types makes it harder for intruders to crack the password.

Pass phrase: Use an easily remembered phrase and substitute letters and numbers for words. Here's an example of a pass phrase: "I Like To Sing and Take Long Walks" = 1L2\$&Tlw.

# Password Do's

At least eight  
characters

Special  
character (s):  
(%, ^, \*, ?, <, >)

Upper-case  
letter(s)

Create  
passwords  
with

Number(s)

Lower-case  
letter(s)

ASTRA

# Password Don'ts

Create easy-to-remember passwords.

Use obvious passwords related to common information such as child's or pet's name, or your favorite sports team.

Use passwords that someone can guess, using your social media information.

Write down your password in a place that is accessible to others.

Share your passwords.

# Best Practice: Wi-Fi Networks

## Wi-Fi Networks

Malicious actors could be lurking in the free Wi-Fi networks that you might use at your local coffee shop or while traveling.

## Tips on the secure use of Wi-Fi

Use secured Wi-Fi networks such as your home Wi-Fi or Hotspot devices (mobile phone/tablet). Do not access or transmit P.P.I. when using an unsecured Wi-Fi connection.



# Privacy & Confidentiality Resources

- HHS Health Information Privacy Website
  - [www.hhs.gov/hipaa/index.html](http://www.hhs.gov/hipaa/index.html)
- SHIP Resource Library: STARS Security Slick Sheet
- SHIP and SMP resource libraries:
  - VRPM Policies and Procedures
  - VRPM Information Technology Resources
  - Unique ID resources (job aids, confidentiality agreements, etc.)



## Conflict of Interest

- Attestation of SHIP Minimum Requirements:
  - Assuring that SHIP staff members (including volunteers) have no conflict of interest in providing health insurance information, counseling and assistance, and abiding by the Security Plan for safeguarding confidential beneficiary information.



## Conflict of Interest - Counselors

- Anyone who is currently associated with the insurance industry is prohibited from being a SHICK volunteer counselor.
- Anyone who could use their position as a SHICK counselor to solicit business from beneficiaries is prohibited from being a SHICK volunteer.
- Potential volunteers cannot take SHICK training until the Coordinator or Director has determined that no conflict of interest exists.
- People who work for organizations that serve Medicare beneficiaries may be SHICK volunteers as long as they do not use their position to solicit business of any kind.



## Kansas Medicaid Eligibility

- **Groups Receiving Medicaid Include:**
  - Children under the age of 19
  - Pregnant Women
  - Low income families
  - Foster Care Children (including Aged Out Children)
  - Seniors age 65 and over
  - Persons determined blind or disabled by Social Security (SSDS and/or SSI) or trying to get there (PMDT)
  - HCBS and Nursing Home cases





## General Requirements

- An application must be received
- The applicant must be able to act on their own behalf – at least 18 years old – Guardian and/or Conservator has to apply





## Income

- The countable income of the household is considered
- Earned income, such as wages from a job or self-employment, is used to determine eligibility
- Unearned income is also considered. Some examples of unearned income include unemployment and social security disability payments
- Different deductions from each type





## Income (cont'd)

- Some income is exempt and not used to determine eligibility. The types of income that are exempt depend on what kind of medical program is being considered.
- Examples:
  - Certain VA payments (aid & attendance payment and unusual medical expenses)
  - SSI payments from Social Security- 2019 maximum is \$771.00
  - Lump sum payments
  - Child Support income – All programs except Nursing Facility



## Financial Requirements (cont'd)

### Resources

- A resource can be defined as something of value that the household has access to
- Resources are only applicable to the Elderly & Disabled programs: one person = \$2,000, two people = \$3,000
- No Resource Test for children







## Examples of Resources

- Cash
- Checking and Savings accounts
- CD, stocks and bonds
- Retirement accounts
- Annuities
- Life insurance with cash value
- Land, homes, vehicles





## Exempt Resources

- The house the consumer lives in and the land that it is on
- One vehicle
- Burial spaces, burial spaces are defined as conventional grave sites, crypts, mausoleums, caskets, urns, and other repositories which are traditionally used for the remains of deceased persons. Vaults, headstones, and grave markers would also be included in this definition as well as monies set aside for opening and closing the grave.
- A resource shall not be considered as a resource and as income in the same month. For instances when income received in a month is deposited into a checking or savings account, the value of such account for that month shall be determined by subtracting the total amount of income deposited from the lowest balance of the account.
- Income Producing Property



## Other Details

### Annual Review

- Assistance is reviewed annually and consumer must report changes that occur in a timely manner
- The KEES system sends out 3 different types of annual reviews
  - Pre-populated: Consumer has to return
  - Passive: Looks like pre-pop but if everything is correct, the consumer does nothing
  - Super Passive: Half page letter stating the case has been reviewed
  - So if I don't turn in my review form in May, I no longer will have my Medicare Part B Buy-In for starting June, and the SSA office will remove my Part B premium for June, July and August from my August SSA benefits.



# Medicaid Programs For The Elderly And Disabled

- Spenddowns
- Nursing Home
- HCBS
- SSI
- Medicare Saving Programs





## Medically Needy Program

- Resources below \$2,000 for a single adult or \$3,000 for a couple
- Income over \$495 will have a spenddown. These cases are assigned to a KanCare MCO even if they have not met the spenddown.
- Medical coverage only if the person has access to Medicare Part D
- People who get a SSI check are not subject to a spenddown.





## Medically Needy Program

- Resources below \$2,000 except for Spousal Impoverishment Provisions
- Income - \$62 protected income limit = amount consumer owes the nursing facility each month
- **Transfer of Property** test – gifting, selling or transferring property for less than fair market value can result in a period of ineligibility for nursing home coverage
- We look back for transfers within the last 5 years
- Amount of penalty divided by about \$5,000 = months of no eligibility



## Spousal Impoverishment

- Applies to married couples
- Special resource and income rules for an individual with a community spouse who is applying for KanCare health insurance coverage and long term care services.
- Allows a community spouse to retain resources above the \$2,000 limit.
- In some cases, long term care spouse can allocate income to the community spouse.





## Home and Community-Based Services

- Sometimes called HCBS or waivers
- Resources below \$2,000 (except for Spousal Impoverishment Provisions)
- Income - \$1177 protected income limit = amount consumer owes for in home services each month. Anything over \$1177 becomes a CLIENT OBLIGATION
- Individual can be in their own home or assisted living
- Services are designed to provide individuals with the least intensive level of care, who may otherwise be placed in a nursing home or hospital





## Home and Community-Based Services (Cont.)

- Autism Waiver
- Intellectual and Developmental Disabilities Waiver
- Physical Disability Waiver
- Technology Assisted Waiver
- Traumatic Brain Injury Waiver
- Frail Elderly Waiver
- SED
- For HCBS waiver you have to be both functionally eligible and financially eligible.





## Medicare Savings Programs

- QMB (Qualified Medicare Beneficiary)
- LMB (Limited Medicare Beneficiary)
- ELMB (Expanded Limited Medicare Beneficiary)





## QMB

- Pays Part B premium (\$144.60 per month) (2020)
- Pays Part A & B co-pays & deductibles
- Consumer automatically eligible for Part D Subsidy-benchmark is \$31.53 in 2020
- Income less than 100% of the Federal Poverty Level (FPL), \$1,041 (for a couple \$1,410) (2019)
- Resources less than \$7,730 single/ \$11,600 couple (2019)
- Can apply for QMB only or QMB + KanCare





## LMB

- Pays Medicare Part B premium (\$144.60 per month)
- Consumer automatically eligible for Part D Subsidy
- Income less than \$1,249 (for a couple \$1,691)(2019)
- Resources less than \$7,730 single/ \$11,600 couple (2019)
- Can apply for LMB only or LMB + KanCare





## Expanded LMB

- Pays Medicare Part B premium (\$144.60 per month)
- Consumer automatically eligible for Part D Subsidy
- Income less than \$1,406 (Couple = \$1,903)(2019)
- Resources less than \$7,730 single/ \$11,600 couple (2019)
- Can NOT apply for KanCare & ELMB





## Estate Recovery Program

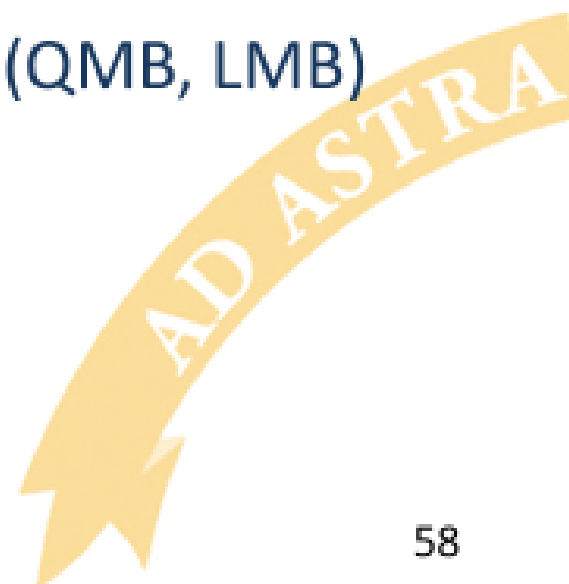
- Recovers medical care costs from the estates and property of certain deceased Medicaid recipients. The money collected by Estate Recovery helps to fund Medicaid costs for future consumers
- Age 55 and above
- In a long term care arrangement regardless of age





## Exceptions To Recovery

- Individuals with surviving children under age 21
- Individuals with surviving disabled children as defined by Social Security
- Individuals with a surviving spouse, recovery is delayed until the death of surviving spouse
- Medicare Savings Plan only recipients (QMB, LMB)
- Family Medical programs





## How Can I Get the Application to Move More Quickly?

- Have consumer get bank statements ready and the cash value of any life insurance.
- Send in guardian and/or conservator paperwork with application.
- Have consumer sign up a medical representative or facilitator on page 14 of application.
- Keep address & phone number updated at all times, report address & phone number changes to the KanCare Clearinghouse
- Make sure your consumer understands the difference between a Nursing Home request and a HCBS request
- Make sure they mark the HCBS box on page 3 of the application



# Medicaid Eligibility

## KanCare Customer Service

- **Phone: 1-800-792-4884**  
FAX for Children and Families 1-800-498-1255  
FAX for Elderly and Disabled 1-844-264-6285  
TTY 1-800-792-4292
- Mailing address:  
KanCare Clearinghouse  
P. O. Box 3599  
Topeka, KS 66601
- No public email
- Based in Topeka and run by Maximus, a KDHE contractor



# MEDICARE CHANGES

- Medicare Part D parameters for 2020
- Change in Coverage Gap closure
- New Medicare Cards - reminder
- Reminder – Medicare Access & CHIP Reauthorization Act of 2015 (MACRA)



## Medicare Part D – 2019 Parameters

- Each year CMS releases the parameters for Medicare Part D Prescription Drug Coverage for the following year. These parameters include
  - Initial Deductible
  - Initial Coverage Limit
  - Out-of-Pocket Threshold



# Medicare Part D – 2019-2020 Comparison

Part D Benefit Parameters	2019	2020
Standard Benefit		
Deductible	\$415	\$435
Initial Coverage Limit	\$3,820	\$4,020
Out-of-Pocket Threshold	\$5,100	\$6,350
Total Covered Part D Spending at Out-of-Pocket Threshold for Non-Applicable Beneficiaries	\$7,653.75	\$9,038.75
Estimated Total Covered Part D Spending for Applicable Beneficiaries	\$8,139.54	\$9,719.38
Minimum Cost-Sharing in Catastrophic Coverage Portion of the Benefit		
Generic/Preferred Multi-Source Drug	\$3.40	\$3.60
Other	\$8.50	\$8.95

# Medicare Part D – 2019-2020 Comparison

## Part D Benefit Parameters

<b>Full Subsidy – Full Benefit Dual Eligible (FBDE) Individuals (category code 3)</b>	<b>2019</b>	<b>2020</b>
Deductible	\$0.00	\$0.00
Copayments for Institutionalized Beneficiaries	\$0.00	\$0.00
Copayments for Beneficiaries Receiving Home and Community-Based Services	\$0.00	\$0.00
<b>Maximum Copayments for Non-Institutionalized Beneficiaries</b>		
<b>Up to or at 100% FPL (category code 2)</b>		
Generic/Preferred Multi-Source Drug/Biosimilar	\$1.25	\$1.30
Other	\$3.80	\$3.90
Above Out-of-Pocket Threshold	\$0.00	\$0.00
<b>Over 100% FPL (category code 1)</b>		
Generic/Preferred Multi-Source Drug/Biosimilar	\$3.40	\$3.60
Other	\$8.50	\$8.95
Above Out-of-Pocket Threshold	\$0.00	\$0.00

# Medicare Part D – 2019-2020 Comparison

## Non-FBDE & Partial Subsidy

Part D Benefit Parameters	2019	2020
<b>Full Subsidy-Non-FBDE Individuals</b>		
Applied or eligible for QMB/SLMB/QI or SSI, income at or below 135% FPL and resources ≤ \$9,060 (individuals, 2019) or ≤ \$14,340 (couples, 2019) [category code 1]		
Deductible	\$0.00	\$0.00
Generic/Preferred Multi-Source Drug/Biosimilar	\$3.40	\$3.60
Other	\$8.50	\$8.95
Maximum Copayments above Out-of-Pocket Threshold	\$0.00	\$0.00
<b>Partial Subsidy</b>		
Applied and income below 150% FPL and resources below \$14,100 (individual, 2019) or \$28,150 (couples, 2019) [category code 4]		
Deductible	\$85.00	\$89.00
Coinsurance up to Out-of-Pocket Threshold	15%	15%
Generic/Preferred Multi-Source Drug/Biosimilar	\$3.40	\$3.60
Other	\$8.50	\$8.95

## Monthly Part B Standard Premium—Income-Related Monthly Adjustment Amount for 2020

Chart is based on your yearly income *in 2018* (for what you pay in 2020)

File Individual Tax Return	File Joint Tax Return	File Married & Separate Tax Return	In 2020 You Pay
\$87,000 or less	\$174,000 or less	\$87,000 or less	\$144.60
Above \$87,000 Up to \$109,000	Above \$174,000 Up to \$218,000	Not applicable	\$202.40
Above \$109,000 Up to \$136,000	Above \$218,000 Up to \$272,000	Not applicable	\$289.20
Above \$136,000 Up to \$163,000	Above \$267,000 Up to \$326,000	Not applicable	\$376.00
Above \$163,000 and less than \$500,000	Above \$326,000 and less than \$750,000	Above \$87,000 and less than \$413,000	\$462.70
\$500,000 and above	\$750,000 and above	\$413,000 and above	\$491.60

**NOTE:** You may pay more if you have a Part B late enrollment penalty.

## Part D Income-Related Monthly Adjustment Amount (IRMAA) - 2020

Your Yearly Income in 2018			In 2020 You Pay
Filing an Individual Tax Return	Filing a Joint Tax Return	File married & separate tax return	
\$87,000 or less	\$174,000 or less	\$87,000 or less	Your Plan Premium (YPP)
Above \$87,000 Up to \$109,000	Above \$174,000 Up to \$218,000	Not applicable	YPP + \$12.20*
Above \$109,000 Up to \$136,000	Above \$218,000 Up to \$272,000	Not applicable	YPP + \$31.50*
Above \$136,000 Up to \$163,000	Above \$267,000 Up to \$326,000	Not applicable	YPP + \$50.70*
Above \$163,000 and less than \$500,000	Above \$326,000 and less than \$750,000	Above \$87,000 and less than \$413,000	YPP + \$70.00*
\$500,000 and above	\$750,000 and above	\$413,000 and above	YPP + \$76.40*

**\*IRMAA is adjusted each year, as it's calculated from the annual beneficiary base premium.**



## Improved Coverage in the Coverage Gap

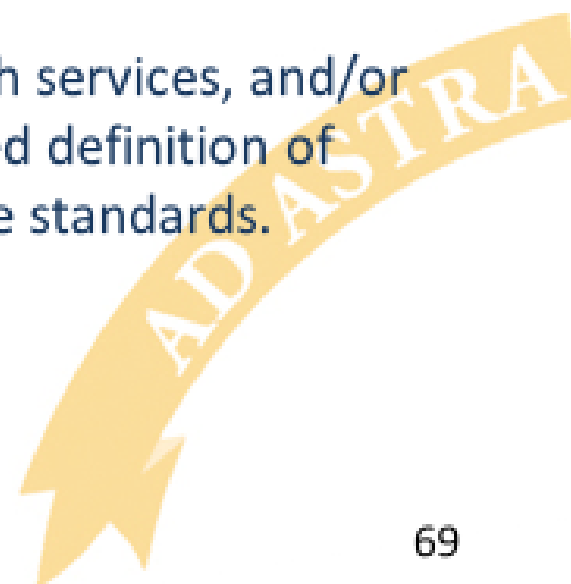
Year	What You Pay for Covered Brand-Name Drugs in the Coverage Gap	What You Pay for Covered Generic Drugs in the Coverage Gap
2019	25%	37%
2020	25%	25%

**H.R.1892 - Bipartisan Budget Act of 2018** – enacted 2/9/2018 - institutes key changes to Medicare Part D's "donut hole" (Coverage Gap) for applicable beneficiaries, effective January 1, 2019:

1. Closes the coverage gap one year early for applicable drugs, reducing standard beneficiary cost sharing in that phase from 30% to 25%
2. Increases pharmaceutical manufacturers' discount in the Coverage Gap Discount Program (CGDP) from 50% to 70% of the negotiated price of applicable drugs, resulting in lower costs to Part D plan sponsors

## Expanded Coverage in Medicare Advantage Plans - 2019

- In 2019, Medicare Advantage plans can offer supplemental benefits that are not covered under Medicare Parts A or B, if they diagnose, compensate for physical impairments, diminish the impact of injuries or health conditions, and/or reduce avoidable emergency room utilization.
  - For example, plans may offer adult day health services, and/or in-home support services under the expanded definition of supplemental benefits when they meet these standards.



# Expanded Coverage in Medicare Advantage Plans - 2020

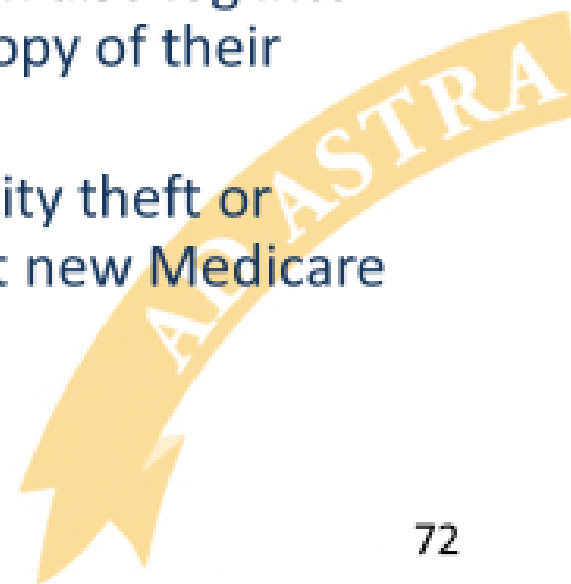
- In 2020, chronically ill patients with Medicare Advantage have the possibility of accessing a broader range of supplemental benefits that are not necessarily health-related but have a reasonable expectation of improving or maintaining the health or overall function of the enrollees.
- These benefits can address social determinants of health for beneficiaries with chronic disease.
  - For example, beneficiaries enrolled in a Medicare Advantage plan could now receive meal delivery in more circumstances, transportation for non-medical needs like grocery shopping, and home environment services in order to improve their health or overall function as it relates to their chronic illness.

## Medigap (Medicare Supplement Insurance) Policy Changes

- Limitation on certain Medigap policies for people newly eligible for Medicare
  - On or after January 1, 2020
  - Medigap policies sold to newly eligible Medicare beneficiaries
    - Will no longer provide coverage for the Part B deductible
- Newly eligible means an individual who, before January 1, 2020, is neither 65, nor has Part A
- Plans C and F will become Plans D and G respectively for policies sold to those newly eligible
  - Policies bought before January 1, 2020, won't be affected
- Policies available under the Guaranteed Issue provision will be A, B, D, G, K, and L.

## New Medicare Cards

- Medicare completed the mailing of new Medicare cards three months ahead of schedule, in January 2019.
- Either the SSN-based or the new Medicare Beneficiary Identifier (MBI) can be used through December 2019
- Beginning January 1, 2020 only the new MBI will be usable
- People who lose their Medicare card will continue to be able to get a replacement (duplicate) card, but can also log into their MyMedicare.gov account and print a copy of their Medicare card themselves
- People who believe they are victims of identity theft or Medicare fraud will be able to get a different new Medicare number by contacting 1-800-MEDICARE



# LONG TERM CARE INSURANCE

Originally presented at the SHICK Coordinators-Annual Conference by Julie Holmes, Director, Health & Life Division, Kansas Insurance Department



AD ASTRA

## LTC policies issued prior to January 1, 1988

- Benefits were most often contingent on a prior stay in a hospital.
- Pre-existing conditions were not covered in many cases until the policy was in force for two years.
- Many policies were renewable at the option of the company.
- Payment of benefits were based on medical necessity requirements.
- Many policies required prior confinement for skilled or intermediate care before benefits were payable for custodial care.
- Definitions of facilities and levels of care offered varied from policy to policy.
- Exclusions varied considerably from policy to policy.
- No standards for benefit triggers.



## LTC policies issued after January 1, 1988

- 1987 Senate Bill No. 132 became the Kansas Long Term Care Insurance Act.
- Codified as K.S.A. 40-2225 et seq.
- The legislation authorized the Commissioner to adopt regulations that established standards for contractual provisions.
- Regulations were adopted on March 11, 1988 by the Kansas Insurance Department and are cited as K.A.R.40-4-37 et seq.



## 1988 Kansas Long Term Care Insurance Act and Corresponding Regulations

- Coverage for pre-existing conditions after the policy had been in force for six months for those persons over the age of sixty five.
- Policies could not include a prior hospitalization requirement before benefits would be payable for inpatient services.
- Policies had to be guaranteed renewable for life.
- Policies could not require that payment of benefits be based on medical necessity.
- Companies definitions of “skilled home”, “intermediate home” and “intermediate personal care home”, “skilled care”, “intermediate care” and “personal care” had to comply with the Kansas adult care home laws pursuant to K.S.A. 39-923 et seq.

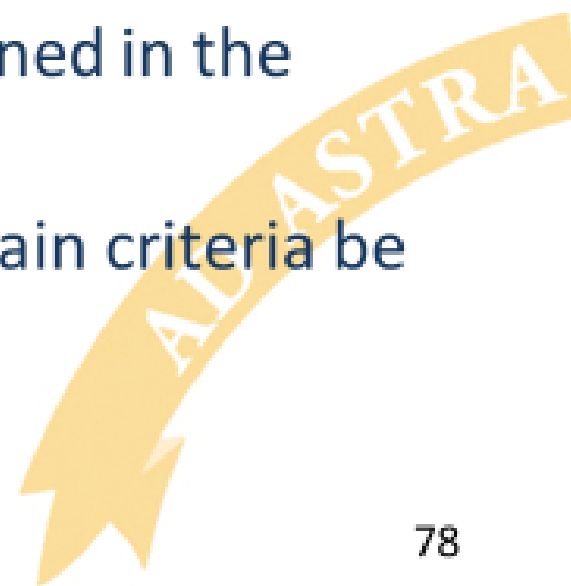
# The Evolution of LTC policies sold in Kansas

- Beginning in 1996, HIPAA required LTC policies that are tax-qualified to use 2 of the 6 ADLs or cognitive impairment as the benefit trigger. Non tax qualified policies continued to be sold with “physicians recommendation” language.
- On October 12, 2007, the Kansas Insurance Department issued Bulletin 2007-7, announcing the establishment of the LTC Partnership program in Kansas.



## The Basics of Long-Term Care

- Long-term care differs from traditional medical care.
- LTC services help a person maintain his or her lifestyle.
- In order to use LTC insurance benefits, certain qualifications must be met as outlined in the policy.
- Policies sold today will require certain criteria be met, called “benefit triggers.”



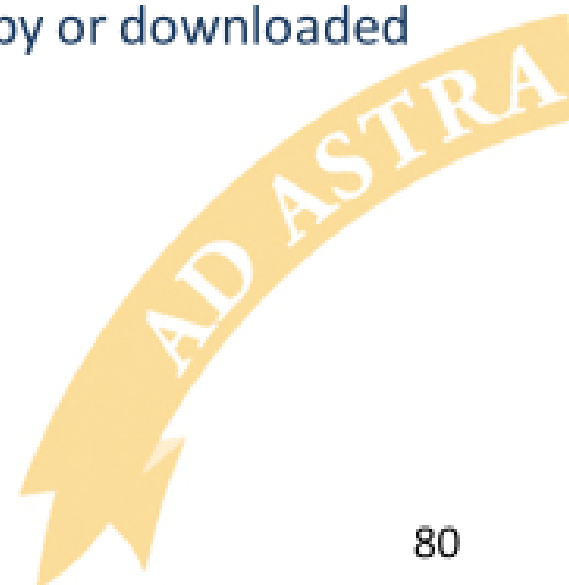
## LTC Benefit Triggers

- Cognitive Impairment
- Physician's recommendation that services are necessary due to illness, injury or functional impairment.
- Suffers from cognitive impairment and/or unable to perform at least two of the six Activities of Daily Living (ADLs):
  - Bathing
  - Eating
  - Dressing
  - Toileting
  - Transferring in/out of chairs or beds
  - Care for incontinence



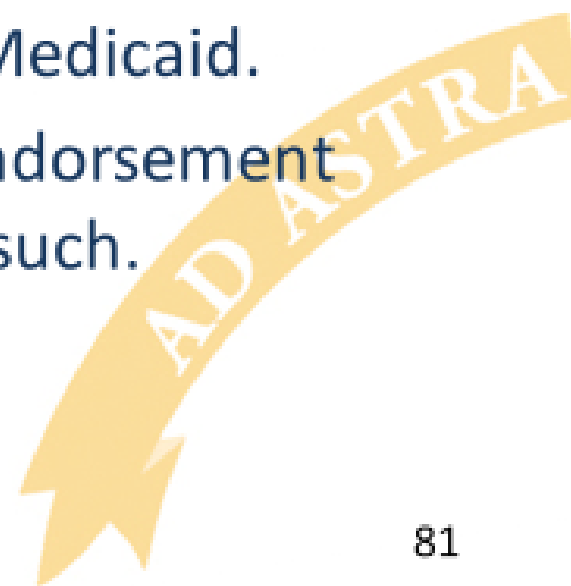
## KID's Role in LTC Coverage

- KID regulates long-term care insurance in Kansas.
- Kansas is a member of the Interstate Insurance Product Regulation Commissioner (IIPRC) and has been since April 8, 2005.
- We review policy forms, the rates, and advertising materials.
- We publish a Long-Term Care Insurance Shopper's Guide annually, which can be requested in hard copy or downloaded at [www.ksinsurance.org](http://www.ksinsurance.org).



## Types of Long-Term Care Policies

- LTC policies are not standardized.
- Companies sell policies with many combinations of benefits and coverages.
- Partnership long term care policies allow for a dollar for dollar increase in the amount of assets insureds can keep and qualify for Medicaid.
- Partnership policies will have an endorsement attached indicating their status as such.



## What are allowable exclusions?

- Pre-existing conditions
- Care by family members
- Mental and emotional disorders or diseases
- Alcoholism and drug addiction
- Illness or accident caused by an act of war or a felony
- Treatment already paid for by Medicare or any government program except Medicaid
- Attempted suicide or intentionally self-inflicted injuries

## Hybrid LTC Products

- Annuities that waive surrender charges to allow for money to be used to pay for LTC expenses.
- Life insurance policies with LTC riders that allow for LTC expenses to be paid by accelerating the death benefit.





# Advertising

- Companies selling Long Term Care policies are required to file their advertising with the Kansas Insurance Department or IIPRC prior to use.
- Advertising shall not be misleading or deceptive to the insurance buying public.
- All advertising must include a form number.

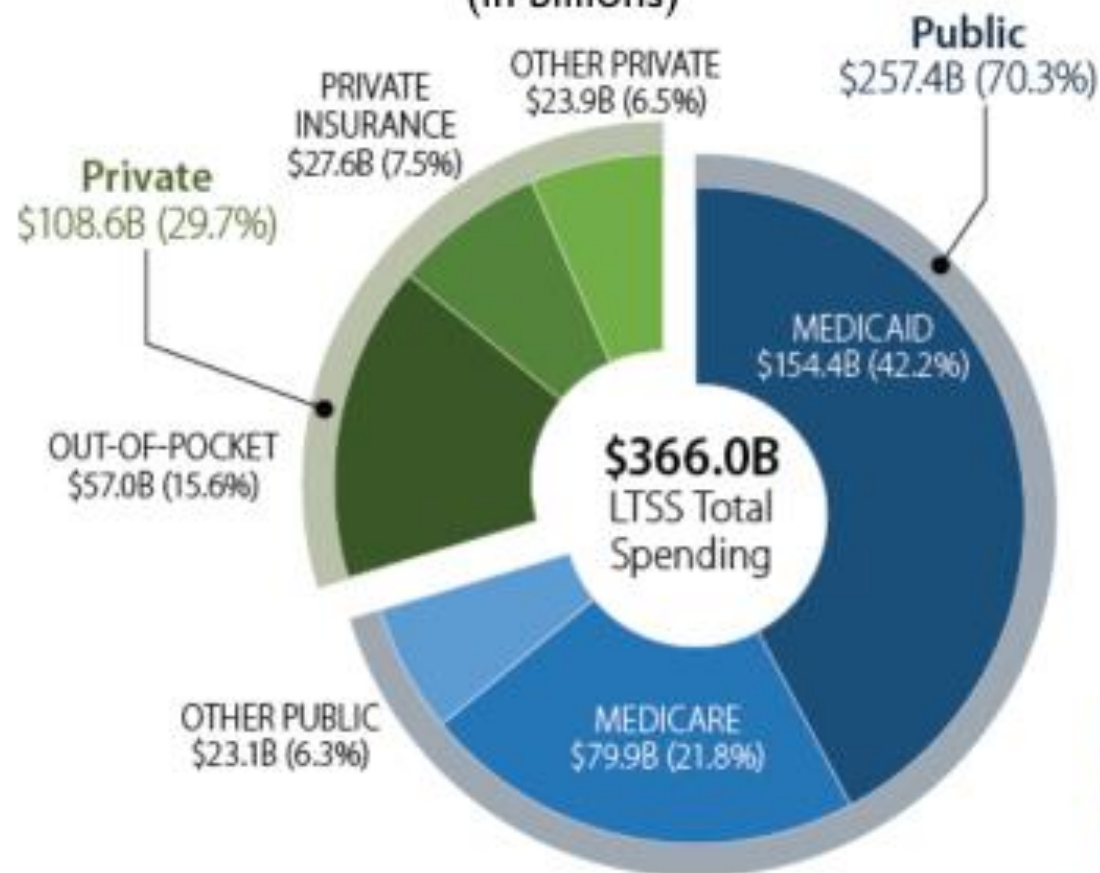


# Key Advertising Points

- Must include the full name of the underwriting insurance company.
- Use of statistics is acceptable as long as a current credible source is cited.
- Companies must keep and maintain an advertising file for five years from date of use.
- If a consumer will be contacted by an agent then the piece must state that fact.
- Ads that include costs and benefits must also include exclusions and limitations.
- Ads must disclose that the policy is not endorsed by any state or federal government agency.
- Internet and social media advertising materials are also required to be submitted and reviewed by the Kansas Insurance Department.

# How is LTC paid for?

## Long-Term Services and Supports (LTSS) Spending, by Payer, 2016 (in billions)



Source: CRS analysis of National Health Expenditure Account data obtained from the Centers for Medicare & Medicaid Services, Office of the Actuary, prepared November 2017.

<https://fas.org/sgp/crs/misc/IF10343.pdf>

## How is LTC paid for?

- Medicare may cover some long-term care costs, but that coverage is limited and generally approved for short periods of time.
- The balance is paid by Medicaid, private pay or long-term care insurance.



# Kansas Insurance Department

**Vicki Schmidt, Commissioner**

420 SW 9<sup>th</sup> Street  
Topeka, KS 66612  
Phone: (785) 296-3071  
Fax: (785) 296-7805

[www.ksinsurance.org](http://www.ksinsurance.org)  
[commissioner@ksinsurance.org](mailto:commissioner@ksinsurance.org)

Consumer Assistance Hotline:  
**1-800-432-2484**



# Medicare Advantage Plans

- Health plan options
  - Approved by Medicare
  - Run by private companies
- Part of the Medicare program
- Sometimes called Part C
- Available across the country
- Provide Medicare-covered benefits
  - May cover extra benefits



# How Medicare Advantage Plans Work

- Receive services through the plan
  - All Part A and Part B covered services
  - Some plans may provide additional benefits
- Most plans include prescription drug coverage
- You may have to use network doctors/hospitals
- May differ from Original Medicare
  - Benefits
  - Cost-sharing
- You still pay the Part B premium



## How Medicare Advantage (MA) Plans Work (Continued)

- You're still in the Medicare program
  - Medicare pays the plan every month for your care
- Eligibility requirements
  - Enrolled in both Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance)
  - Live in the plan's service area
- You still have Medicare rights and protections
- If the plan leaves Medicare you can
  - Join another MA Plan, or
  - Return to Original Medicare





# When You Can Join or Switch Medicare Advantage Plans

<b>Initial Enrollment Period</b>	<ul style="list-style-type: none"> <li>▪ 7-month period begins 3 months before the month you turn 65</li> <li>▪ Includes the month you turn 65</li> <li>▪ Ends 3 months after the month you turn 65</li> </ul>
<b>Medicare Open Enrollment Period “Open Enrollment”</b>	<ul style="list-style-type: none"> <li>▪ October 15–December 7</li> <li>▪ Coverage begins January 1</li> </ul>
<b>Medicare due to a Disability</b>	<ul style="list-style-type: none"> <li>▪ 7-month period begins 3 months before the 25<sup>th</sup> month of disability.</li> <li>▪ Ends 3 months after the 25<sup>th</sup> month of disability.</li> </ul>
<b>Special Enrollment Periods (SEP)</b>	<ul style="list-style-type: none"> <li>▪ You can make changes to your Medicare Advantage and Medicare prescription drug coverage when certain events happen in your life, like if you move or you lose other insurance coverage. Rules are different for each SEP.</li> </ul>
<b>Medicare Advantage Open Enrollment Period (MA-OEP)</b>	<ul style="list-style-type: none"> <li>▪ January 1 – March 31 - Medicare Advantage Plan members (See next slide)</li> </ul>



## Medicare Advantage Open Enrollment Period (MA-OEP)

- January 1st through March 31st annually.
- This is in addition to the Fall Open Enrollment Period
- The Medicare Advantage OEP is somewhat more limited than the Fall Open Enrollment Period.
- Allows individuals *enrolled in an MA plan to make a one-time election* during this three month period to go to another MA plan or Original Medicare.
- If you enrolled in a Medicare Advantage Plan during your Initial Enrollment Period, you can change to another Medicare Advantage Plan (with or without drug coverage) or go back to Original Medicare (with or without drug coverage) within the first 3 months you have Medicare.
- Individuals using the OEP to make a change may make a coordinating change to add or drop Part D coverage.

## Medicare Health Maintenance Organization (HMO) Plan

- You generally must get your care and services from doctors or hospitals in the plan's network (except emergency care, out of area urgent care, or out-of-area dialysis). In some plans, you may be able to go out of network for certain services, usually for a higher cost. This is called an HMO with a point-of-service (HMO-POS) option.
- If you want drug coverage, you must join an HMO Plan that offers prescription drug coverage. **If you join an HMO which does not cover Part D prescription drugs, you cannot join a separate Part D plan.**
- In most cases, you need to choose a primary care doctor and will have to get a referral to see a specialist. Certain services don't require a referral.

## Medicare Preferred Provider Organization (PPO) Plan

- In a PPO Plan you have PPO network providers; however, you can also use out-of-network providers for covered services, usually for a higher cost.
- If you want drug coverage, you must join a PPO Plan that offers prescription drug coverage. You cannot join a separate Part D plan if the PPO does not offer prescription drug coverage.
- You don't need to choose a primary care doctor and don't have to get a referral to see a specialist.

A yellow ribbon graphic with the words "AD ASTRA" written in white, slanted capital letters. The ribbon curves from the bottom right towards the center of the slide.

AD ASTRA

## Medicare Private Fee-for-Service (PFFS) Plan

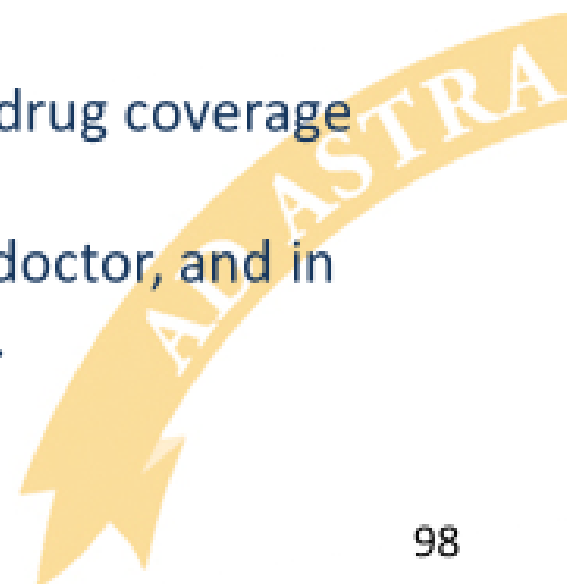
- You can go to any Medicare-approved doctor, other health care provider, or hospital that accepts the plan's payment terms and agrees to treat you.
- If you join a PFFS Plan that has a network, you can also see any of the network providers who have agreed to always treat plan members. You can choose an out-of-network doctor, hospital, or other provider who accepts the plan's terms, but you may pay more.
- If your PFFS Plan doesn't offer drug coverage, you can join a Medicare Prescription Drug Plan (Part D) to get coverage.
- You don't need to choose a primary care doctor, and you don't have to get a referral to see a specialist.

## Medicare Private Fee-for-Service (PFFS) Plan (Continued)

- The plan decides how much you must pay for services
- Some PFFS Plans contract with a network of providers who agree to always treat you even if you've never seen them before
- Out-of-network doctors, hospitals, and other providers may decide not to treat you even if you've seen them before
- For each service you get, make sure that your doctors, hospitals, and other providers agree to treat you under the plan, and accept the plan's payment terms
- In an emergency, doctors, hospitals, and other providers must treat you

# Medicare Special Needs Plans (SNPs)

- Medicare Special Needs Plans (SNPs) are Medicare Advantage Plans designed to provide focused care management, special expertise of the plan's providers, and benefits tailored to enrollee conditions.
- You generally must get your care and services from doctors, other health care providers, or hospitals in the plan's network (except emergency care, out-of-area urgent care, or out-of-area dialysis).
- All SNPs must provide Medicare prescription drug coverage (Part D).
- You generally need to choose a primary care doctor, and in most cases, need a referral to see a specialist.



## Medicare Special Needs Plans (SNPs) Continued

- A plan must limit plan membership to people in one of the following groups:
  - Those living in certain institutions (like a nursing home), or who require nursing care at home
  - Those eligible for both Medicare and Medicaid
  - Those with specific chronic or disabling conditions
  - Plan may further limit membership
- Plan should coordinate your needed services and providers
- Plan should make sure providers that you use accept Medicaid if you have Medicare and Medicaid
- Plan should make sure that plan's providers serve people where you live, if you live in an institution



## Medicare Special Needs Plans (SNPs) and KanCare MCOs

- In Kansas, the three KanCare Managed Care Organizations (MCOs) each have one or more special needs plans affiliated with them
  - Sunflower – Allwell HMO (H6550-004) Cherokee, Crawford, Johnson, Leavenworth, Miami, Sedgwick, and Wyandotte counties
  - Aetna – Medicare Dual Preferred Plus HMO (H5325-001) Johnson County and (H5325-002) Sedgwick County
  - United Healthcare – UnitedHealthcare Dual Complete HMO-POS (H5322-029) Butler, Cowley, Douglas, Franklin, Harvey, Jackson, Jefferson, Johnson, Leavenworth, Miami, Osage, Sedgwick, Sumner, Wyandotte counties
- These SNPs coordinate with the MCO to offer benefits for dual-eligible beneficiaries

This information is available in the 2019 Medicare & You handbook on page 117

## Medicare PACE Plans

- PACE - Programs of All-Inclusive Care for the Elderly
- Combine services for frail elderly people
  - Medical, social, and long-term care services
  - Include prescription drug coverage
- Alternative to nursing home care
- Only in states that offer it under Medicaid - qualifications vary from state to state
- Three PACE programs available in Kansas
  - Via Christi HOPE, Midland Care Services, and Bluestem



# Advantages of MA Plans

- **Medicare Advantage plans often provide more benefits than you would receive under Original Medicare.**
  - These may include coverage for routine vision care, hearing aids, routine dental care, prescription drug coverage, and fitness center membership.
- **Medicare Advantage plans may cost you less.**
  - Some Medicare Advantage plans may have premiums as low as \$0.
  - Your cost sharing may also be less under Medicare Advantage.
  - A Medicare Advantage plan limits your maximum out-of-pocket expense.
  - To get all the benefits of Medicare Advantage with Original Medicare, you would also need to enroll in a stand-alone Medicare Part D Prescription Drug Plan as well as a Medicare Supplement plan.
- **Medicare Advantage plans coordinate care among your health care providers.**
- **Medicare Advantage plans can serve as your “one-stop” center for all your health and prescription drug coverage needs.**
  - Most Medicare Advantage plans combine medical and Part D prescription drug coverage.
  - Many also coordinate the delivery of added benefits, such as vision, dental, and hearing care.

# Disadvantages of MA Plans

- **Medicare Advantage plans may limit your freedom of choice in health care providers**
  - If you go out of network, your plan may not cover your medical costs, or your costs may not apply to your out of pocket maximum.
- **Medicare Advantage plans' coverage for some services and procedures may require doctor's referral and plan authorizations.**
  - This might include prior authorization for hospital stays, home health care, medical equipment, and certain complicated procedures.
  - Medicare Advantage plans often also require your primary care doctor's referral to see specialists before they will pay for services.
- **Medicare Advantage plans have specific service areas.**
  - Most Medicare Advantage plans have regional (rather than nationwide) networks of participating providers.
  - To enroll, you must reside in the Medicare Advantage plan's service area at least 6 months of the year.
  - If you divide your time between homes located in different areas, this requirement may be difficult to meet.

# Health Savings Accounts

- A **health savings account (HSA)** is a medical savings account available to taxpayers in the United States who are enrolled in a high-deductible health plan (HDHP).
- An HSA may receive contributions from an eligible individual or any other person, including an employer or a family member, on behalf of an eligible individual.



## HSAs and Medicare

- To be able to contribute to an HSA after age 65, you must not be enrolled in Medicare. HSA rules make a distinction between being merely “eligible” for Medicare (keep HSA eligibility) and being “entitled” to or “enrolled” in Medicare (lose HSA eligibility).
- If you are not enrolled in Medicare and are otherwise HSA eligible, you can continue to contribute to an HSA after age 65.



## Retroactive Medicare Enrollment

- Your Part A Enrollment will be retroactive for six months when you enroll after delaying enrollment for six months or more
- HSA contributions should cease six months prior to enrolling in Medicare
  - If not, those contributions will be considered Excess Contributions



## Excess Contributions

- Excess contributions occur if the contributions to your HSA for the year are greater than the allowed limits.
- Generally, you must pay a 6% excise tax on excess contributions. The excise tax applies to each tax year the excess contribution remains in the account.
- You may withdraw some or all of the excess contributions and avoid paying the excise tax on the amount withdrawn.



# Stopping Medicare to Reclaim HSA Eligibility

- If you signed up for Medicare Part A and now want to decline it, you can do so by contacting the Social Security Administration.
- Assuming you have not begun receiving Social Security checks this will reestablish your eligibility for an HSA.
- If you have applied for or have begun receiving Social Security, you cannot opt out of Medicare Part A without paying the government back all the money you received from Social Security payments plus paying the government back for any money Medicare spent on your medical claims.
- This action will also stop future Social Security payments (until you reapply and start this cycle over again).

# Health Insurance Premiums

- At age 65, you can use your HSA to pay for Medicare parts A, B, D and Medicare HMO premiums tax-free and penalty-free.
- You cannot use your HSA to pay for Medigap insurance premiums.
- Using HSA money is an especially good method to pay for Medicare as it is challenging to pay for Medicare with pre-tax dollars.
- If Medicare premiums are being automatically deducted from your Social Security check, you can simply reimburse yourself directly from your HSA for the Medicare premiums paid from your Social Security payment.



## More Information

- For more information go to Publication 969 Health Savings Accounts and Other Tax-Favored Health Plans
- <https://www.irs.gov/pub/irs-pdf/p969.pdf>



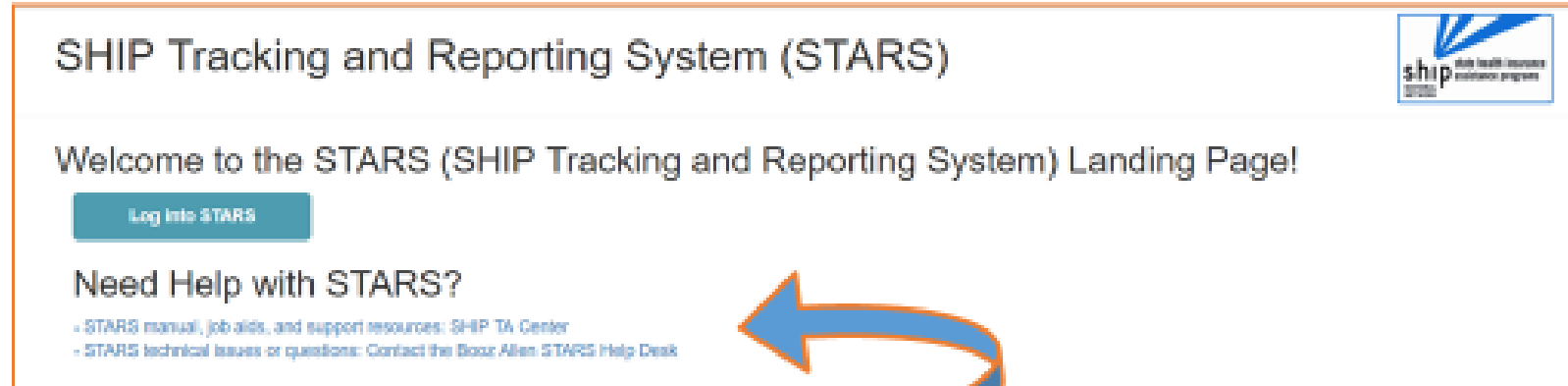
# STARS

- SHIP Tracking And Reporting System (STARS)
- National, web-based data system
- Developed and owned by ACL OHIC
  - Contract with Booz Allen Hamilton
- Sharing Data
  - MIPPA
  - SMP SIRS



# STARS Landing Page

- <https://stars.acl.gov>



The screenshot shows the STARS Landing Page. At the top, it says "SHIP Tracking and Reporting System (STARS)" next to the SHIP logo. Below this, it says "Welcome to the STARS (SHIP Tracking and Reporting System) Landing Page!". There is a blue button that says "Log into STARS". Underneath, it says "Need Help with STARS?" followed by two bullet points: "• STARS manual, job aids, and support resources: SHIP TA Center" and "• STARS technical issues or questions: Contact the Booz Allen STARS Help Desk". A large blue arrow points from the "Need Help with STARS?" section towards the bottom right of the slide.

SHIP Tracking and Reporting System (STARS)

Welcome to the STARS (SHIP Tracking and Reporting System) Landing Page!

[Log into STARS](#)

Need Help with STARS?

- STARS manual, job aids, and support resources: SHIP TA Center
- STARS technical issues or questions: Contact the Booz Allen STARS Help Desk

- Contains link to SHIP TA Center STARS materials
- Contains link to Booz Allen STARS Help Desk

## CMS Unique ID

- SHIP and SMP will use the same CMS Unique IDs
  - This will not affect any SHICK/SMP counselor as Unique IDs have already been issued through STARS
- SHICK is required to have Confidentiality Agreements (CA) signed each year
  - We have added the CA to the Training Record/MOU this year
  - If you do not currently have a Unique ID assigned to you, please check the box on the CA to have one assigned

# MIPPA Reporting

MIPPA

☐ Yes ☒ No **R**

- MIPPA is a required field
- Select “Yes” radio button when outreach includes MIPPA topics



MIPPA Topics Discussed include Extra Help/LIS, Medicaid, Medicare Savings Program, or Preventive Services

ADASTRA

## “Send to SMP” Reporting

- SMP fields are not required
- SIRS eFile ID will auto-populate based on
  1. Team member log in (change ID if entering another’s form)
  2. SIRS eFile ID must be present on the STARS form for the data to transfer to SIRS
- SIRS Reference Number auto-populates after form is saved

Auto-populates when save form and sends to SMP/SIRS.

Send to SMP ☐ Yes ☒ No

SIRS eFile ID

SIRS Reference Number



# STARS Home Page

My Account Change Role Sign Out Help

ACL - SHDC Training (STARS Submitter)

HOME TRACKING INFO

Home

Tracking Info : Beneficiary Contact All Assignments

No Beneficiary Contact objects found for this filter.

+ New Beneficiary Contact

Tracking Info : Group Outreach and Education All Assignments

No Group Outreach and Education objects found for this filter.

+ New Group Outreach and Education

Tracking Info : Media Outreach and Education All Assignments

No Media Outreach and Education objects found for this filter.

+ New Media Outreach and Education

Tracking Info : SHIP Team Member All Assignments

First Name	Last Name	State/Territory	Partner Organization Affiliation	Primary Phone Number	eFile ID	Role	Program
•	Sevick	Training	KANSAS	Kansas SHIP	765-201-3337	26281	STARS Submitter
• SHIP							

MY PAGES

No saved pages.

Powered by endflow®



# SHIP Team Member Tracking Inbox

HOME TRACKING INBOX

Tracking Inbox > SHIP Team Member (SHIPX Training)

SHIP Team Member Activity

First Name	SHOCK
Middle Initial	
Last Name	Training
Nickname	
Primary Phone Number	785-291-2207
Primary Phone Number Extension	
Secondary Phone Number	
Secondary Phone Number Extension	
Email Address	josh.boss@ks.gov
Address	
City	
Zip Code	66606
State/Territory	Kansas
County	Shawnee - KS
Start Date	01/01/2018
End Date	
Status	Active
Partner Organization Affiliation	Kansas SHIP
Paid Status	Volunteer
Race	Black or African American
Date of Birth	01/01/1988
Gender	Male
Primary Language	English
Secondary Language	
SHIP efile ID	26291
Program	SHIP
SIRS efile ID	
Number of 1-800-Medicare Unique ID	

Your SIRS efile ID

Your Unique ID

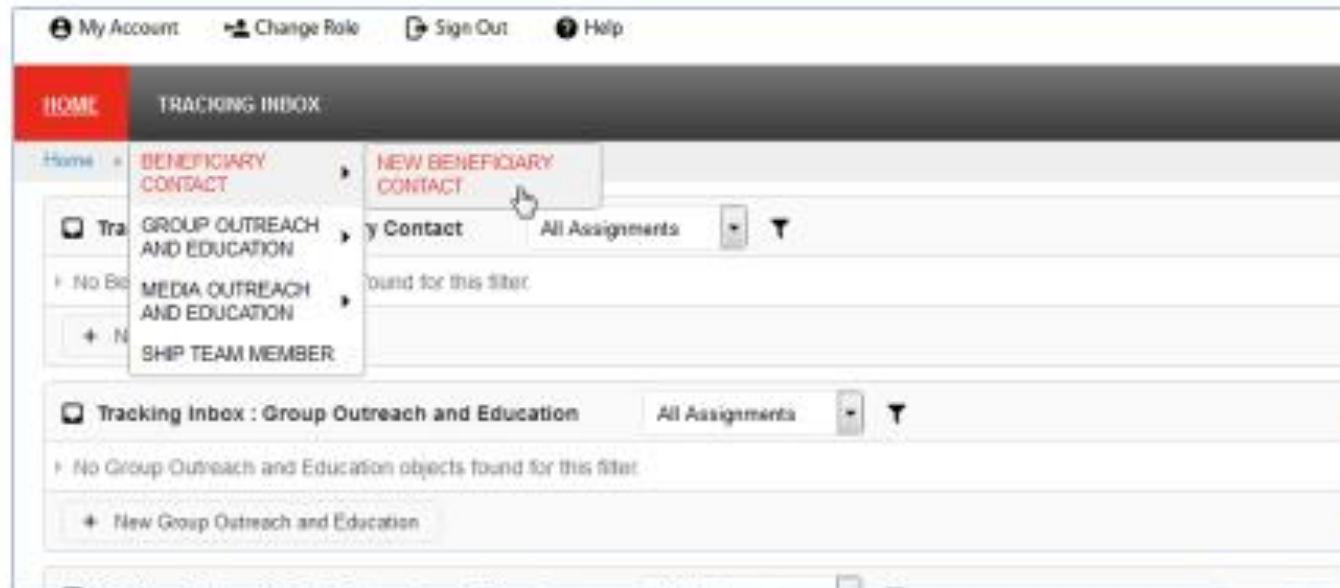
AD ASTRA

# BENEFICIARY CONTACT FORM



# New Beneficiary Contact

Hover your mouse over the Tracking Inbox, the Menu drops down, then hover over Beneficiary Contact, Click on New Beneficiary Contact when it appears.



## Beneficiary Contact

[My Account](#)
[Change Role](#)
[Sign Out](#)
[Help](#)

[HOME](#)
[TRACKING BIDDING](#)

[Tracking Inbox](#)
[New Beneficiary Contact](#)

ISPPA

☐ Yes
☒ No

Send to ISMP

☐ Yes
☒ No

ISPPA eFile ID

88008

ISPPA Reference Number

---

ISMP Reference Number

---

Session Conducted By

SHOCK Training

Partner Organization Affiliation

Zip Code of Session Location

State of Session Location

Kansas

County of Session Location

---

Beneficiary First Name

Beneficiary Last Name

Beneficiary Phone Number

Beneficiary Email

Representative First Name

Representative Last Name

Representative Phone Number

Representative Email

---

State of Beneficiary Residence

Kansas

Zip Code of Beneficiary Residence

County of Beneficiary Residence

# Beneficiary Contact, cont.

This is not an  
error  
message!

Date of Contact	03/22/2018 (mm/dd/yyyy)	
How Did Beneficiary Learn About SHIP		
Method of Contact		
Beneficiary Age Group		
Beneficiary Gender		
Beneficiary Race	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Not Collected	
English as a Primary Language	<input type="radio"/> Yes <input type="radio"/> No	
Beneficiary Monthly Income		(The 100% FPL monthly income limit for 2018 is \$1,518 for an individual, and \$2,664 for a couple.)
Beneficiary Assets		(The 2018 LIS asset limit is \$14,100 for an individual, and \$28,100 for a couple.)
Receiving or Applying for Social Security Disability or Medicare Disability	<input type="radio"/> Yes <input type="radio"/> No	
<b>Topics Discussed</b>		
At least one Topic Discussed selection is required. Please choose a Topic before continuing.		
Original Medicare (Parts A & B)	<input type="checkbox"/> Appeals/Grievances <input type="checkbox"/> Benefit Explanation <input type="checkbox"/> Claims/Billing <input type="checkbox"/> Coordination of Benefits <input type="checkbox"/> Eligibility <input type="checkbox"/> Enrollment/Disenrollment <input type="checkbox"/> Fraud and Abuse	
Medigap and Medicare Select	<input type="checkbox"/> Benefit Explanation <input type="checkbox"/> Claims/Billing <input type="checkbox"/> Eligibility/Screening <input type="checkbox"/> Fraud and Abuse <input type="checkbox"/> Marketing/Sales Complaints & Issues	
Medicare Advantage (MA and MA-PD)	<input type="checkbox"/> Appeals/Grievances <input type="checkbox"/> Benefit Explanation <input type="checkbox"/> Claims/Billing <input type="checkbox"/> Disenrollment <input type="checkbox"/> Eligibility/Screening <input type="checkbox"/> Enrollment	

# Beneficiary Contact, cont.

☐ Consent Acknowledging  
☐ OAH/POA  
☐ OAH Demonstration  
☐ Home Health Care  
☐ Hospice  
☐ Hospital  
☐ New Medicare Card

---

Time Spent in Hours   
 Time Spent in Minutes   
 Total Time Spent (minutes)   
 State:

Enter Time Spent in Hours OR Minutes. Example: 1.5 hours Time Spent would be entered as either 1 Hour and 30 Minutes OR 0 Hour and 90 Minutes.

---

Special Use Fields  
 Original PDP/MA-PD Cost   
 New PDP/MA-PD Cost   
 Field 3   
 Field 4   
 Field 5

---

Notes

Attach File    
 Attach File    
 Attach File    
 Attach File    
 Attach File

ASTRA

# Group Outreach & Education (GOE)

- Report
  1. Interactive presentations
  2. Booth/Exhibits
  3. Enrollment Events
- GOE data count towards SHIP Performance Measure #2 – Number of Attendees
- Select date range for multiday events





# Media Outreach & Education (MOE)

- Remaining four options on NPR PAM (first three on GOE)
- Report all other media outreach and education

Billboards  
Email Blasts

Print  
Ads/Articles

Radio  
Television  
Other

- Wide range of Geographic Coverage selections

Zip Code  
County/Counties

Statewide  
Multi-state

Regional  
National

- Select date range for multiday events and campaigns

## Part D/MAPD Enrollment Data Collection

- Counselors are asked to report this additional data whenever they assist with an enrollment in either Part D or MAPD plan
  - Includes reporting cost data for both old plan and new plan (using Medicare Plan Finder info)
  - Reporting is optional and voluntary
- Cost changes must be auditable
  - ACL is asking for supporting documentation to be included whenever this data new is reported
  - If you can't provide supporting documentation, please do not enter any information in the special use fields
  - The following file types are accepted in STARS: doc/docx; ppt/pptx; xls/xlsx; pdf; rtf.

## Part D/MAPD Enrollment Data Steps

1. Collect plan estimated cost information from Medicare Plan Finder (MPF)
2. Assist beneficiary with enrollment via MPF or via phone or paper application
  - a. Enrollment confirmation information must be saved no matter which method of enrollment used.
3. Enter plan cost amounts in STARS SUFs on the Beneficiary Contact Form (BCF)
4. Attach MPF cost and enrollment verification to the BCF

# STARS Plan Cost SUF Fields

- **Original PDP/MA-PD Cost**
  - Enter the Estimated Drug Cost\* of the plan the beneficiary's **current plan** listed in the Medicare Drug and Health Plan Finder
  - If beneficiary has no current Medicare PDP/MA-PD plan, then enter the drug costs displayed for Original Medicare
  - Round to nearest whole dollar
- **New PDP/MA-PD Cost**
  - Enter the Estimated Drug Cost\* of the **future plan** the SHIP team member assists the beneficiary current plan listed in the Medicare Drug and Health Plan Finder
  - Round to nearest whole dollar

*\* Enrollment timing will dictate whether the 'Estimated Drug Cost' appears as an 'annual' cost or 'rest of year' cost.*

## Attach Part D Cost Verification

- Attach the following verification near the bottom of the Beneficiary Contact Form:
  1. Application confirmation (ex. previous slide)
  2. Cost change verification
    - a. Comparison page displaying costs for the original plan and new plan OR
    - b. Individual plan pages for both the original plan and the new plan

Attach File

Browse

Attach File

Browse

# Documentation - Confirmation

Your enrollment application has been received

Page 1 of 2

## Your enrollment application has been received

Your 2020 enrollment request was received and will be processed by:

**(SilverScript Choice (PDP))** S5601-048-0

**Your Confirmation number** [REDACTED]

**Name** [REDACTED]

**Please contact the plan directly with any additional questions.**

SilverScript Choice (PDP)

P.O. Box 30016

Pittsburgh, PA 15222

Phone: [1-866-235-5660](tel:1-866-235-5660)

Website: [www.SilverScript.com](http://www.SilverScript.com)

[Print Your Application](#)

---

**It will take at least 10 days before you'll see your enrollment in your account.**

If you don't see it after 10 days or you haven't heard from your plan, call your plan to

STRA

# Acceptable Documentation – Comparison

Comparing 2 Prescription Drug plans Page 1 of 1

## Comparing 2 Prescription Drug plans

[Back to results](#)

**SilverScript Choice (PDP)**  
 Star rating: ★★★★★  
**\$0.00**  
 Monthly premium  
 \$0.00  
 Yearly drug deductible  
[Plan Details](#)

**WellCare Medicare Rx Value Plus (PDP)**  
 Star rating: ★★★★★  
**\$40.40**  
 Monthly premium  
 \$0.00  
 Yearly drug deductible  
[Plan Details](#)

Overview		
Premium	Total \$0.00	Total \$40.40
Deductible	Yearly drug deductible \$0.00	Yearly drug deductible \$0.00
Drug coverage & costs		
Drugs covered/Not covered	12 of 12 Prescription drugs covered <a href="#">Restrictions may apply</a>	12 of 12 Prescription drugs covered <a href="#">Restrictions may apply</a>
Estimated total drug + premium cost	<b>AUBURN LTC WICHITA #181</b> ✓ Preferred in-network <b>\$0.00</b> Mail order pharmacy ✓ Standard in-network \$0.00	<b>AUBURN LTC WICHITA #181</b> ✓ Standard in-network <b>\$484.80</b> Mail order pharmacy ✓ Standard in-network \$484.80

Round the amounts to the closest dollar, \$0.00 = 0, \$484.80 = 485  
 No decimal points, no commas, no dollar signs

# Not Acceptable

Does not show the actual estimate amount as entered in the special use fields

Comparing 2 Prescription Drug plans Page 1 of 1

### Comparing 2 Prescription Drug plans

[Back to results](#)

**SilverScript Choice (PDP)**

Star rating: ★★★★★

**\$0.00**

Monthly premium

\$0.00

Yearly drug deductible

[Plan Details](#)

**WellCare Medicare Rx Value Plus (PDP)**

Star rating: ★★★★★

**\$40.40**

Monthly premium

\$0.00

Yearly drug deductible

[Plan Details](#)

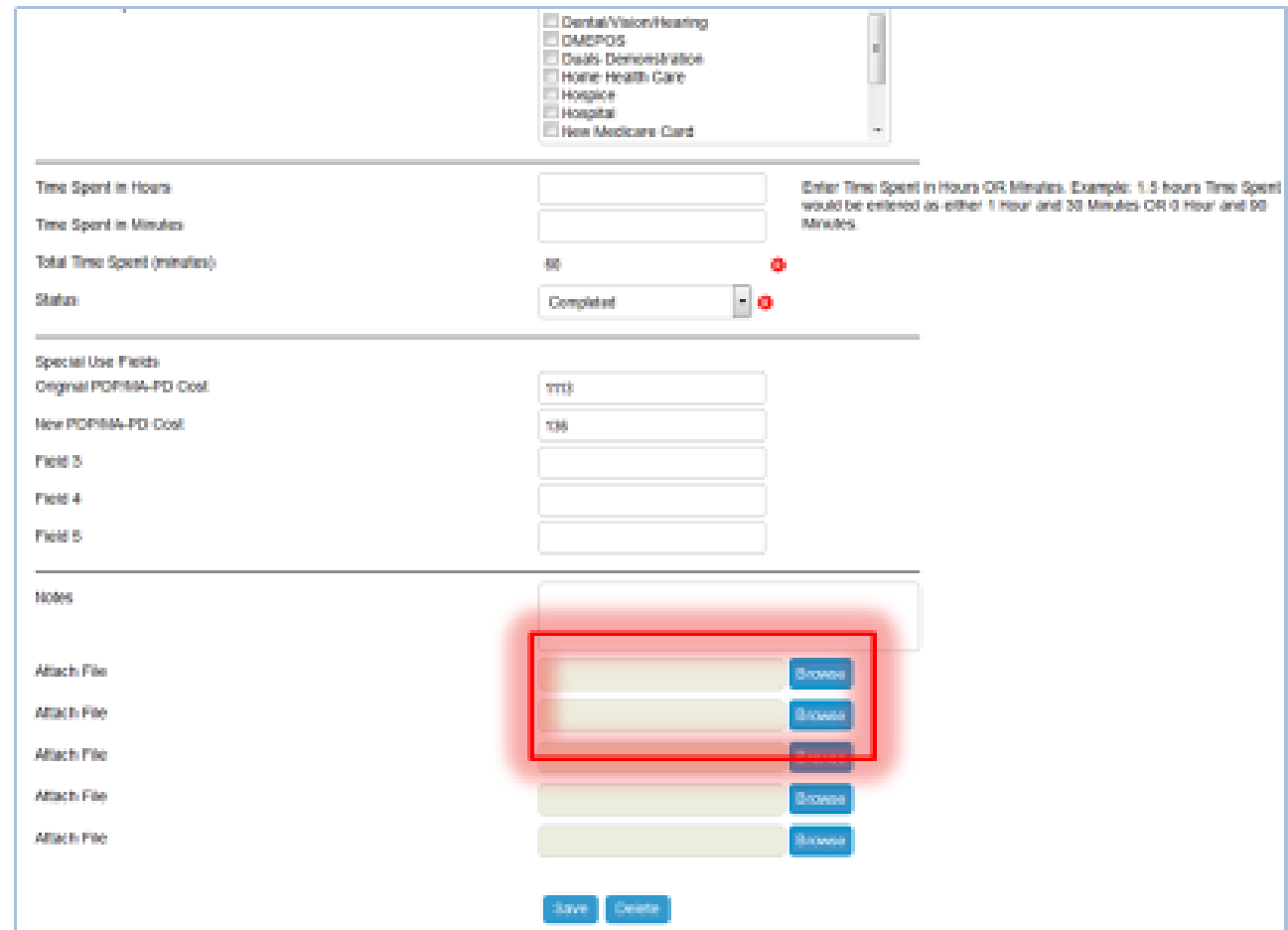
**Overview**

Premium	Total \$0.00	Total \$40.40
Deductible	Yearly drug deductible \$0.00	Yearly drug deductible \$0.00
<b>Drug coverage &amp; costs</b>		
Drugs covered/Not covered	12 of 12 Prescription drugs covered <a href="#">Restrictions may apply</a>	12 of 12 Prescription drugs covered <a href="#">Restrictions may apply</a>



# Required Documentation not attached

If you cannot attach the required documentation, DO NOT enter amounts in the special use fields



☐ Dental/Vision/Hearing  
☐ DMEPOS  
☐ Durable Demonstration  
☐ Home Health Care  
☐ Hospice  
☐ Hospital  
☐ New Medicare Card

Time Spent in Hours:   
 Time Spent in Minutes:   
 Total Time Spent (minutes): 60  
 Status: Completed

Special Use Fields  
 Original POCMA-PD Cost:   
 New POCMA-PD Cost:   
 Field 3:   
 Field 4:   
 Field 5:

Notes:

Attach File:    
 Attach File:    
 Attach File:    
 Attach File:    
 Attach File:



# Inaccurate Documentation

Your documentation must match the dollar amounts entered in the Special Use fields. If you are using the current coverage of Original Medicare amount, you must show Original Medicare as one of the comparison choices

Special Use Fields	
Original PDP/MA-PD Cost	3009
New PDP/MA-PD Cost	647
Field 3	
Field 4	
Field 5	

### Your Plan Comparison

Select the plan below for more detailed information about the plan health benefits, drug costs and coverage and plan settings.

Plan Code: 42004  
 Current Coverage: Original Medicare (P8002-001-0)  
 Current Coverage: No State Plan (0)  
 Drug List ID: T59279168  
 Password Code: 84/252539  
[Research Coverage Information](#)

**System**

☒ Nationwide Coverage  
 \* Estimated

WellCare Value-Based Care (VBC)	Express Scripts Medicare - Select (ESDP)	Muscare Preferred Rx Plan (PDP)
(0400-017) Plan Type: PDP Organization: WellCare	(0040-040) Plan Type: PDP Organization: Express Scripts Medicare	(0000-000) Plan Type: PDP Organization: Humana
Members: 1-800-590-0232 711(TTY/VOIP)	Members: 1-800-756-4374 1-800-716-3235(TTY/VOIP)	Members: 1-800-281-0918 711(TTY/VOIP)
New Members: 1-888-293-0121 711(TTY/VOIP)	New Members: 1-888-577-6704 1-800-716-3235(TTY/VOIP)	New Members: 1-800-708-0870 711(TTY/VOIP)
Coverages: Provides drug coverage only. NOTE: Health Plan Benefits are based on Original Medicare	Coverages: Provides drug coverage only. NOTE: Health Plan Benefits are based on Original Medicare	Coverages: Provides drug coverage only. NOTE: Health Plan Benefits are based on Original Medicare

**Fixed Costs**

WellCare Value-Based Care (VBC)	Express Scripts Medicare - Select (ESDP)	Muscare Preferred Rx Plan (PDP)
Monthly Drug Plan Premium: \$15.00	Monthly Drug Plan Premium: \$24.00	Monthly Drug Plan Premium: \$20.00
Monthly Health Plan Premium: N/A	Monthly Health Plan Premium: N/A	Monthly Health Plan Premium: N/A
Annual Drug Deductible: \$400.00	Annual Drug Deductible: \$412.00	Annual Drug Deductible: \$415.00
Medicare costs at a glance	Medicare costs at a glance	Medicare costs at a glance

**Estimate of What YOU Will Pay for Drug Plan Premium and Drug Costs**

Cost at Lynco Pharmacy	Cost at Lynco Pharmacy	Cost at Lynco Pharmacy
Enrollment Today: \$670.19	Enrollment Today: \$642.06	Enrollment Today: \$762.64

## Ongoing Quality Checks

- SHICK staff conducts regular quality checks to assure accurate reporting
- Any cost change data without verification is deleted if supporting materials are not attached
- If you do not attach documentation, please do not enter data in the special use fields



# Individualized Technical Assistance

- For STARS username, password, and hierarchy support:
  - Contact the STARS help desk at Booz Allen Hamilton, [boozallenstarshelpdesk@bah.com](mailto:boozallenstarshelpdesk@bah.com)
- For STARS resources support:
  - Contact the SHIP TA Center, [stars@shiptacenter.org](mailto:stars@shiptacenter.org) or 877-839-2675.



# Counseling Techniques

- **Preparation:** Unless the customer you are working with is an unscheduled walk-in, you should know in advance the date and time of the appointment. Prepare their SHICK sheet before they arrive. Name, phone number and zip code will hopefully have been gathered at the time of scheduling the appointment.
- **Attention:** This is the first and most important part of effective counseling. When counseling, you need to give your customer all your attention. Make sure to mute your phones, both phones, work and personal. It's also helpful, especially when serving multiple roles, to notify your co-workers or use in office calendars etc. to offset any possible disruptions or distractions.

# Counseling Techniques

- **Focus:** Focus on the information, direct and indirect, that they provide to you. For counselors with good memory, take mental note of what the customer is sharing with you, for all other counselors take written notes or use the forms provided by SHICK to organize the important info the customer is sharing with you. This is a good time to note this is generally sensitive information that should be protected.
- **Listening:** Listening to and understanding the customers verbal messages. When a customer tells you his or her story, it usually comprises a mixture of experiences (what happened to him or her), behaviors (what the customer did or failed to do), and affect (the feelings or emotions associated with the experiences and behavior). The counsellor has to listen to the mix of experiences, behavior and feelings the client uses to describe his or her problem situation. Also “hear” what the client is not saying.

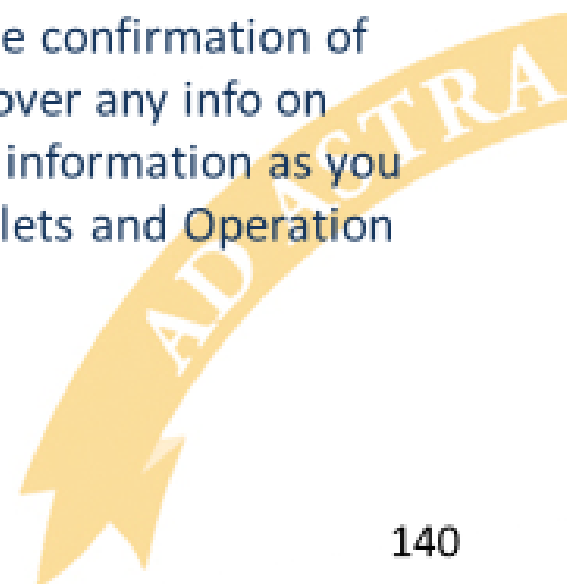
# Counseling Techniques

- **Organization:** It helps to present yourself as not only informed but organized as well. Having an organized workspace promotes a level of professionalism and helps increase efficiency. If all your paperwork is in one spot, you don't waste time looking around for it or worse not using it at all.
- **Conversation control and polite redirection:** Customers will sometimes ramble and get off topic quickly. One of the most important counseling techniques is learning to control the flow of conversation and redirecting it, politely, when it shifts off topic.



# Counseling Techniques

- **Presenting information vs. offering opinion:** As a SHICK counselor we can only present unbiased information. We cannot offer our opinion on individual companies and programs. Opinion can sometimes be inadvertently shared. Words like “best”, “favorite” etc. imply a selection on the counselor’s part.
- **Closing out an appointment:** Always make sure to print out any Medicare Plan-Finder plans the customer is interested in. If you assist a customer with enrollment, print any plans screens, including the confirmation of enrollment and give them to the customer. If you go over any info on [www.ksinsurance.org](http://www.ksinsurance.org) print those as well. Offer other information as you see fit, agency and program brochures, flyers, pamphlets and Operation Red File folders.



## BFCC-QIO Regional Transition Updates

- Effective June 8, 2019, existing BFCC-QIO (Beneficiary and Family Center Care Quality Improvement Organization) assignments changed.
- Livanta has assumed Kansas, which is now in Livanta Region 7
  - Livanta LLC  
BFCC-QIO Program  
10820 Guilford Road, Suite 202  
Annapolis Junction, MD 20701-1105  
Phone 1-888-755-5580 TTY 1-888-985-9295



# Helpful Resources

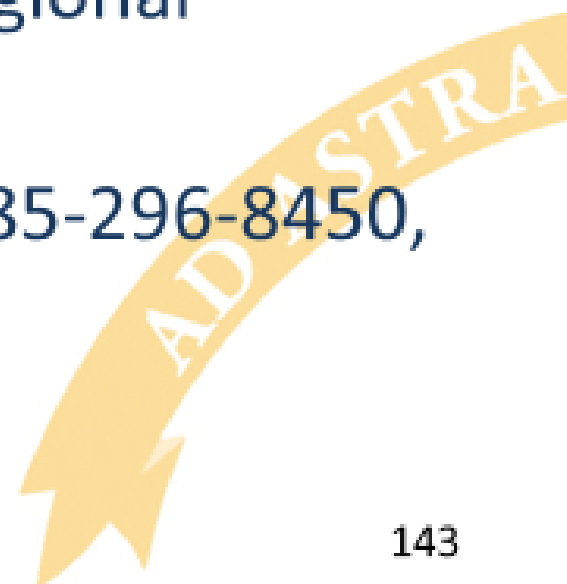
- [www.ksinsurance.org](http://www.ksinsurance.org) – 800-432-2484
- [www.kdads.ks.gov](http://www.kdads.ks.gov) – 800-432-3535
- KanCare Clearinghouse – 800-792-4884
- KanCare Ombudsman – [kancare.ombudsman@ks.gov](mailto:kancare.ombudsman@ks.gov)  
<https://www.kancare.ks.gov/kancare-ombudsman-office/about-contact-us>  
855-643-8180
- SHICK coordinator and counselor resource page -  
<http://www.kdads.ks.gov/shick-coordinator-counselor-information>
- CMS Product Ordering Website  
– <http://productordering.cms.hhs.gov>

# Medicare Grants Staff

Janet Boskill, [janet.boskill@ks.gov](mailto:janet.boskill@ks.gov),  
785-296-6319, Medicare Grants Regional  
Manager

Chris Merriweather, [chris.merriweather@ks.gov](mailto:chris.merriweather@ks.gov),  
785-296-3325, Medicare Grants Regional  
Manager

Nicki Houk, [Nicki.Houk2@ks.gov](mailto:Nicki.Houk2@ks.gov), 785-296-8450,  
Medicare Grants Director



# Thank you for Completing This Course!

- Complete the Training Record/CA/MOU at <https://www.kdads.ks.gov/commissions/commission-on-aging/medicare-programs/shick/shick-coordinator-counselor-information/shick-annual-update-training>. This includes a brief quiz.
- Continue your counseling
- Questions? Issues? Concerns?
  - Contact Local Coordinator, Mentor, or Regional Manager
  - Use SHICK Handbook
  - Use [www.medicare.gov](http://www.medicare.gov)

**Quick link for TR/CA/MOU:**

<https://kdads.ks.gov/commissions/commission-on-aging/medicare-programs/shick/shick-coordinator-counselor-information/shick-annual-update-training/shick-tr-mou-form>

New England Building  
503 South Kansas Avenue  
Topeka, KS 66603-3404



Phone: (785) 296-4986  
Fax: (785) 296-0256  
kdads.wwwmail@ks.gov  
www.kdads.ks.gov

Laura Howard, Secretary

Laura Kelly, Governor

May 1, 2019

SHICK Coordinators and Volunteers:

As you meet for training, I wanted to take a moment to thank you for your conviction and your awareness, for seeing a need and responding. Thank you for sharing your skills, time and knowledge to help improve the lives of seniors in Kansas. Because of your work, seniors are empowered to make better informed decisions about their health care options, are educated on all topics Medicare and health insurance and are equipped to identify and protect themselves from fraud and abuse.

The dedicated, well-trained volunteer network you are a part of is critical to the success of our SHICK, MIPPA and SMP programs and is so important to the people served by your efforts. Your volunteerism is an important part of what KDADS strives to achieve every day; ensuring people receive the right care at the right time in the right place.

Please know that you make a difference and your generosity of time and experience will have a lasting impact on the people you support through these programs. Thank you for your partnership and thank you for your service to the people of the State of Kansas.

We thank you and look forward to continuing to work with you in the future.

All the best,

A handwritten signature in black ink that reads "Laura Howard". The signature is written in a cursive, flowing style.

Laura Howard  
Secretary

## Common Acronyms for People with Medicare

<b>A</b>	
<b>AAA</b>	Area Agency on Aging
<b>AAA</b>	Abdominal Aortic Aneurysms
<b>AARP</b>	American Association of Retired Persons
<b>A/B MAC</b>	A/B Medicare Administrative Contractor
<b>ABD</b>	Aged, Blind & Disabled
<b>ABN</b>	Advanced Beneficiary Notice
<b>ACA</b>	Affordable Care Act
<b>ACL</b>	Administration for Community Living
<b>ACO</b>	Accountable Care Organization
<b>ADC</b>	Adult Day Care
<b>ADL</b>	Activities of Daily Living
<b>ADRC</b>	Aging and Disability Resource Center
<b>AEP</b>	Annual coordinated election period (10/15 – 12/7 each year)
<b>AI/AN</b>	American Indian/Alaska Native
<b>AIC</b>	Amount in controversy
<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>ALJ</b>	Administrative Law Judge
<b>ALS</b>	Amyotrophic Lateral Sclerosis
<b>ANOC</b>	Plan Annual Notice of Change
<b>AO</b>	Accreditation Organization
<b>AOA</b>	Administration on Aging
<b>APTC</b>	Advanced Premium Tax Credits
<b>ARRA</b>	American Recovery and Reinvestment Act 2009
<b>AVF</b>	Arteriovenous Fistulas
<b>B</b>	
<b>BAE</b>	Best Available Evidence
<b>BBA</b>	Balanced Budget Act (of 1997)
<b>BBRA</b>	Balanced Budget Refinement Act (of 1999)
<b>BC/BS</b>	Blue Cross/Blue Shield
<b>BCRC</b>	Benefits Coordination & Recovery Center
<b>BFCC</b>	Beneficiary and Family Centered Care
<b>BFCC-QIO</b>	Beneficiary and Family-Centered Care Quality Improvement Organization
<b>BHP</b>	Basic Health Program
<b>BMI</b>	Body Mass Index
<b>BP</b>	Benefit Period
<b>BPH</b>	Benign Prostatic Hyperplasia
<b>C</b>	
<b>CAH</b>	Critical Access Hospital
<b>CAL</b>	Compassionate Allowance
<b>CBO</b>	Community-Based Organizations
<b>CBO</b>	Congressional Budget Office
<b>CCN</b>	Claim Control Number
<b>CCRC</b>	Continuing Care Retirement Community

<b>CFC</b>	Conditions for Coverage
<b>CHAMPVA</b>	Civilian Health and Medical Program of the Department of Veterans Affairs
<b>CHIP</b>	Children's Health Insurance Program
<b>CKD</b>	Chronic Kidney Disease
<b>CMHC</b>	Community Mental Health Center
<b>CMS</b>	Centers for Medicare and Medicaid Services
<b>COB</b>	Coordination of benefit(s)
<b>COBC</b>	Coordination of Benefits Contractor
<b>COBRA</b>	Consolidated Omnibus Budget Reconciliation Act (of 1985)
<b>CORF</b>	Comprehensive Outpatient Rehab Facility
<b>CP</b>	Claims Processing
<b>CPAP</b>	Continuous positive airway pressure
<b>CPI</b>	Center for Program Integrity
<b>CSR</b>	Customer Service Representative
<b>CSR</b>	Cost Sharing Reductions
<b>CVD</b>	Cardiovascular disease
<b>CWF</b>	Current Working File
<b>CY</b>	Calendar Year

**D**

<b>DCF</b>	Kansas Department for Children and Families, formerly SRS
<b>DE</b>	Dual-Eligible
<b>DENC</b>	Detailed Explanation of Non-coverage
<b>DES</b>	Diethylstilbestrol
<b>DFC</b>	Dialysis Facility Compare
<b>DHHS</b>	Department of Health & Human Services
<b>DI</b>	Disability Insurance
<b>DME</b>	Durable medical equipment
<b>DME-MAC</b>	Durable Medical Equipment-Medicare Administrative Contractor
<b>DMEPOS</b>	Durable Medicare Equipment Prosthetics, Orthotics and Supplies
<b>DMERC</b>	Durable Medical Equipment Regional Carrier
<b>DOB</b>	Date of Birth
<b>DOD</b>	Date of Death
<b>DOE</b>	Date of Entitlement
<b>DoD</b>	Department of Defense
<b>DOJ</b>	Department of Justice
<b>DOL</b>	Department of Labor
<b>DOS</b>	Date of Service

**E**

<b>EGHP</b>	Employer Group Health Plan
<b>EOB</b>	Explanation of Benefits
<b>EOC</b>	Evidence of Coverage
<b>EOMB</b>	Explanation of Medicare Benefits (replaced by MSN)
<b>ERISA</b>	Employee Retirement Income Security Act (of 1974)
<b>ESRD</b>	End-stage renal disease

**F**

<b>FAQ</b>	Frequently Asked Questions
------------	----------------------------



<b>FBDE</b>	Full Benefit Dual-Eligible
<b>FDA</b>	Food and Drug Administration
<b>FEHBP</b>	Federal Employee Health Benefits Program
<b>FFS</b>	fee-for-service
<b>FI</b>	Fiscal Intermediary
<b>FICA</b>	Federal Insurance Contributions Act
<b>FMAP</b>	Federal Medical Assistance Percentage
<b>FPL</b>	Federal poverty level
<b>FPS</b>	Fraud Prevention System
<b>FR</b>	Federal Register
<b>FY</b>	Fiscal year
<b>G</b>	
<b>GAO</b>	Government Accountability Office
<b>GEP</b>	General Enrollment Period (1/1 – 3/31 – each year)
<b>GHP</b>	Group Health Plan
<b>H</b>	
<b>HBV</b>	Hepatitis B Virus
<b>HCBS</b>	Home and Community Based Services
<b>HCBWP</b>	Home and Community Based Waiver Program
<b>HCFA</b>	Health Care Financing Administration (now CMS)
<b>HCV</b>	Hepatitis C Virus
<b>HEAT</b>	Health Care Fraud Prevention and Enforcement Action Team
<b>HHS (DHHS)</b>	Department of Health and Human Services
<b>HIC</b>	Health insurance claim
<b>HICN</b>	Health insurance claim number (Medicare number)
<b>HIPAA</b>	Health Insurance Portability and Accountability Act (of 1996)
<b>HIV</b>	Health Care Fraud Prevention and Enforcement Action Team
<b>HMO</b>	Health maintenance organization
<b>HMO-POS</b>	HMO Point-of-Service
<b>HPV</b>	Human Papillomavirus
<b>HSA</b>	Health Savings Accounts
<b>I</b>	
<b>IADL</b>	Instrumental Activities of Daily Living
<b>ICFs/MR</b>	Intermediate care facilities for the mentally retarded
<b>IDE</b>	Investigational Device Exemption
<b>IEP</b>	Initial enrollment period
<b>IHS</b>	Indian Health Service
<b>IPPE</b>	Initial Preventive Physical Examination
<b>IRE</b>	Independent review entity
<b>IRMAA</b>	Income-Related Monthly Adjustment Amount
<b>IRS</b>	Internal Revenue Service
<b>I/T/U</b>	Indian Tribes and Tribal organizations, and urban Indian organizations
<b>IVR</b>	Interactive Voice Response
<b>K</b>	
<b>KDADS</b>	Kansas Department for Aging and Disability Services
<b>KDHE</b>	Kansas Department of Health and Environment

<b>L</b>	
<b>LEP</b>	Late Enrollment Penalty
<b>LIS</b>	Low-income subsidy
<b>LMB</b>	Low-income Medicare beneficiary (KS-same as SLMB at Fed level)
<b>L-OEP</b>	Limited Open Enrollment Period
<b>LPI</b>	Low Performance Icon
<b>LRD</b>	Lifetime Reserve Days
<b>LTC</b>	Long-term care
<b>LTCF</b>	Long-term care facility
<b>LTR</b>	Lifetime Reserve
<b>LTSS</b>	
<b>M</b>	
<b>M&amp;M</b>	Medicare and Medicaid
<b>MA</b>	Medicare Advantage
<b>MAGI</b>	Modified Adjusted Gross Income
<b>MA-PD</b>	Medicare Advantage with prescription drug plan
<b>MAC</b>	Medicare Administrative Contractor
<b>MAC</b>	Medicare Appeals Council
<b>MACRA</b>	Medicare Access and CHIP Reauthorization Act of 2015
<b>MAO</b>	Medicare Advantage organizations
<b>MEDIC</b>	Medicare Drug Integrity Contractor
<b>MFCU</b>	Medicaid Fraud Control Unit
<b>MFP</b>	Money Follows the Person
<b>MI</b>	Medical Insurance (Medicare Part B)
<b>MICs</b>	Medicaid Integrity Contractors
<b>MIPPA</b>	Medicare Improvements for Patients and Providers Act of 2008
<b>MMA</b>	Medicare Prescription Drug, Improvement, and Modernization Act (of 2003)
<b>MMG</b>	Medicare Marketing Guidelines
<b>MNT</b>	Medical Nutrition Therapy
<b>MOON</b>	Medicare Outpatient Observation Notice
<b>MRI</b>	Magnetic Resonance Imaging
<b>MSA</b>	Medicare Medical Savings Accounts
<b>MSN</b>	Medicare Summary Notice
<b>MSP</b>	Medicare Savings Program
<b>MSP</b>	Medicare Secondary Payer
<b>MSPRC</b>	Medicare Secondary Payer Recovery Contractor
<b>MTM</b>	Medication Therapy Management
<b>N</b>	
<b>NAIC</b>	National Association of Insurance Commissioners
<b>NBI</b>	National Benefit Integrity
<b>NCC</b>	National Coordinating Center
<b>NCD</b>	National Coverage Decision
<b>NET</b>	Newly Eligible Transition
<b>NF</b>	Nursing Facility
<b>NIA</b>	National Institute on Aging
<b>NIH</b>	National Institutes of Health

<b>NIMH</b>	National Institute of Mental Health
<b>NOMNC</b>	Notice of Medicare Non-coverage
<b>NPA</b>	National PACE Association
<b>NPI</b>	National Provider Identifier
<b>NTP</b>	National Training Program
<b>O</b>	
<b>O&amp;E</b>	Outreach and Education
<b>OASIS</b>	Outcome and Assessment Information Set
<b>OBRA</b>	Omnibus Budget Reconciliation Act
<b>OCR</b>	Office for Civil Rights
<b>OEP</b>	Open enrollment period
<b>OEPI</b>	Open enrollment period for institutionalized individuals
<b>OIG</b>	Office of the Inspector General
<b>OOP</b>	Out-of-Pocket
<b>OPM</b>	Office of Personnel Management
<b>OPPS</b>	Outpatient Prospective Payment System
<b>OPT</b>	Outpatient Physical Therapy
<b>OT</b>	Occupational Therapy
<b>P</b>	
<b>PA</b>	Prior Authorization
<b>PACE</b>	Program of All-Inclusive Care for the Elderly
<b>PAP</b>	Patient Assistance Program
<b>PBA</b>	Pharmacy benefit administrator
<b>PBM</b> s	Pharmacy benefit managers
<b>PDP</b>	Medicare stand-alone prescription drug plan
<b>PFFS</b>	Private fee-for-service plan
<b>PHI</b>	Protected health information
<b>PhRMA</b>	Pharmaceutical Manufacturers and Researchers of America
<b>POC</b>	Plan of Care
<b>POS</b>	Point-of-Sale
<b>PPACA</b>	Patient Protection and Affordable Care Act 2010
<b>PPO</b>	Preferred provider organization
<b>PPS</b>	Prospective Payment System
<b>PRO</b>	Peer Review Organization (renamed QIO)
<b>PSA</b>	Prostate-specific antigen
<b>PSO</b>	Provider-sponsored organization
<b>PT</b>	Physical Therapy
<b>Q</b>	
<b>Q&amp;A</b>	Questions and Answers
<b>QAPI</b>	Quality Assessment & Performance Improvement
<b>QDWI</b>	Qualified disabled and working individual
<b>QHP</b>	Qualified Health Plans
<b>QI</b>	Qualified Individuals
<b>QIC</b>	Qualified Independent Contractor
<b>QIO</b>	Quality Improvement Organization
<b>QMB</b>	Qualified Medicare beneficiaries

<b>QWDI</b>	Qualified Working Disabled Individual (aka QDWI)
<b>R</b>	
<b>RAC</b>	Recovery Audit Contractor
<b>RDF</b>	Renal Dialysis Facility
<b>REACH</b>	Regional Education About Choices in Health
<b>RFI</b>	Request for Information
<b>RHC</b>	Rural Health Center
<b>RHHI</b>	Regional Home Health Intermediary
<b>RNHCI</b>	Religious Non Medicare Health Care Institution
<b>RO</b>	Regional Office
<b>RRB</b>	Railroad Retirement Board
<b>S</b>	
<b>SCE</b>	Subsidy-Changing Event
<b>SEP</b>	Special Enrollment Period
<b>SGS</b>	SafeGuard Services, LLC
<b>SHI</b>	Supplemental Health Insurance
<b>SHICK</b>	Senior Health Insurance Counseling for Kansas
<b>SHIP</b>	State Health Insurance Assistance Programs (SHICK)
<b>SHOP</b>	Small Business Health Options Program
<b>SLMB</b>	Special Low-Income Medicare Beneficiaries (Federal, same as LMB in KS)
<b>SME</b>	Subject Matter Expert
<b>SMI</b>	Supplemental Medical Insurance (Medicare Part B)
<b>SMP</b>	Senior Medicare Patrol
<b>SNF</b>	Skilled Nursing Facility
<b>SNP</b>	Special Needs Plan
<b>SOW</b>	Scope of Work
<b>SPAP</b>	State Pharmaceutical Assistance Program (NOT available in KS)
<b>SS</b>	Social Security
<b>SSA</b>	Social Security Act
<b>SSA</b>	Social Security Administration
<b>SSDI</b>	Social Security Disability Income
<b>SSI</b>	Supplemental Security Income
<b>SSN</b>	Social Security Number
<b>STI</b>	Sexually transmitted infections
<b>T</b>	
<b>TBD</b>	To Be Determined
<b>TDD</b>	Telecommunications Device for the Deaf
<b>TEFT</b>	Testing Experience and Functional Assessment Tools
<b>TFL</b>	TRICARE for Life
<b>Title I</b>	Grants to State for old age assistance & medical assistance for the aged
<b>Title II</b>	Federal old age, survivors & disability insurance benefits (OASDI)
<b>Title IV</b>	Grants to States for aid & services to needy families with children (TAF)
<b>Title X</b>	Grants to State for aid to the blind (AB)
<b>Title XIV</b>	Grants to States for aid to the permanently & totally disabled (DI)
<b>Title XIX</b>	Grants to States for medical assistance programs (Medicaid)




<b>Title XVI</b>	Grants to States for aid to the aged, blind & disabled (ABD) & Supplemental Security Income (SSI)
<b>Title XVIII</b>	Health Insurance (Medicare)
<b>Title XX</b>	State operated home health care entitlement program
<b>Title XXI</b>	State Child Health Programs
<b>TrOOP</b>	True Out-of-Pocket
<b>TTY</b>	Text Telephones
<b>TWWIA</b>	Ticket to Work & Work Incentives Act (of 1999)
<b>U</b>	
<b>U&amp;C</b>	Usual & customary
<b>V</b>	
<b>VA (DVA)</b>	Department of Veterans Affairs
<b>W</b>	
<b>WCMSA</b>	Workers' Compensation Medicare Set-Aide Arrangement
<b>WPS</b>	Wisconsin Physician Services
<b>X</b>	
<b>XIXED</b>	Title 19 Entitlement Date
<b>Y</b>	
<b>YOB</b>	Year of Birth
<b>YTD</b>	Year to Date
<b>YYYY</b>	Year
<b>Z</b>	
<b>ZPIC</b>	Zone Program Integrity Contractor

White areas – You Pay

A		B	
Premium:	40 work quarters = zero less than 30 quarters = \$458 30 - 39 quarters = \$252	Premium:	\$144.60 unless individual income over \$87,000 or couple \$174,000.
Each benefit period*		\$198 Deductible (per calendar year, January 1 to December 31)	
In-patient Hospital		80%	20%
First 60 days	\$1408 Deductible		
Days 61-90	\$352 per day co-payment		
Lifetime			
Reserve Days			
91-150	\$704 per day co-payment		
Skilled Nursing Facility			
First 20 days	100% (No co-pay)		
Days 21-100	\$176 per day co-pay		
		Physician’s Charges (in or out of the hospital) Durable Medical Equipment & Supplies Ambulance Outpatient Hospital  Blood Lab Services	The first 3 pints
100% Services		Preventive Services	
Home Health		PAID 100%: Welcome to Medicare Physical Exam, Screening Mammograms, Annual Pap Tests, Diabetes Screening, Bone Mass Measurement, Flu Shots, some Colorectal Cancer Screening, Screening & Counseling for Obesity, Medical Nutrition Therapy, Tobacco Use Cessation, Yearly Wellness Visit	
Hospice		WITH CO-PAY OR DEDUCTIBLE: Abdominal Aortic Aneurysm Screening, Diabetes Supplies & Self-Management, Prostate Cancer Screening, Glaucoma Screening, CCS - Barium enema, HIV Screening	
		Excess Charges	
		(15% over Medicare Allowed Charge)	

## Health Plan Highlights for 2019




Look at the highlighted services below to compare plans. All physical, mental, and substance abuse services are the same in each MCO. The table below shows the extra services you can receive in KanCare. Please contact your MCO by phone or the MCO website for additional details related to the value added services. For a complete, up-to-date listing of the plans extra services, please see the KanCare website at <http://www.kancare.ks.gov/providers/health-plan-information> or each health plan posts their own extra services on their websites.

 Aetna Better Health <sup>®</sup> of Kansas <b>1-855-221-5656 (TTY 711)</b>	Members 21 yrs. and older receive \$500 per year toward dental services, including: Dental exams/cleanings twice each year, Annual bitewing X-rays, Fillings and extractions and Fluoride treatments.	 <b>1-877-644-4623</b>	Two dental visits (cleanings, screenings) for adults 21 and older every year. <ul style="list-style-type: none"><li>Dentures are covered for members receiving Frail &amp; Elderly waiver benefits. Eligibility is based on determination of need.</li></ul>	 <b>1-877-542-9238</b>	Any member age 21 and over can visit a participating dental provider to get screenings, x-rays, cleanings and filling restorations. Members have a maximum benefit of \$500 per calendar year for covered services.  Dentures are covered for eligible Frail and Elderly waiver members at no cost.
Healthy Rewards Incentive program where members can get \$10-\$25 gift cards when they complete wellness activities such as: <ul style="list-style-type: none"><li>Shots</li><li>Yearly check ups</li><li>Diabetic eye exams</li></ul>	Members can earn between \$10 - \$50 in healthy rewards on a CentAccount card for receiving healthy checkups. These rewards can be used to buy from hundreds of qualifying items at participating retail stores such as CVS Pharmacy, Dollar General and Walmart.	Free smartphone through SafeLink®, which provides up to 350 free minutes of service per month for members who qualify. This includes unlimited texting and 1GB of data per month for the first three months (then 500MB per month). Members will be able to have telephone access to their KanCare providers and unlimited calling to Sunflower.	Start Smart for Your Baby® program for pregnant members, babies and families. Start Smart offers nursing support, education and gifts. There is no cost to the member. <ul style="list-style-type: none"><li>In-home help with healthcare and community services</li><li>Special texting program for Start Smart participants</li></ul>	Member Advocates can help members who qualify get free Federal Lifeline cell phones. Members can get up to 350 free minutes of service a month. Benefit includes: cell phone with text messages and data plan. Coverage may not be offered in certain remote service areas.	Healthy Rewards Program allows members to earn debit card credits between \$10 and \$25 to use in retail stores. Members can purchase health related items for doing healthy things like wellness checkups, immunizations, and flu shots.
Free Android Smartphone with 1,000 minutes per year or 1,000 megabytes data per year for members 18 yrs. and older. Members will also receive these health extras: <ul style="list-style-type: none"><li>Health tips and reminders by texts</li><li>One-on-one texting with your health care team</li><li>Free calls with our member services team</li><li>Texting Health Programs: <b>Care4life<sup>SM</sup></b>, <b>Text4kids<sup>TM</sup></b>, <b>Text4health<sup>SM</sup></b>, <b>Text4baby<sup>SM</sup></b> and <b>Text2quit<sup>SM</sup></b></li></ul>	Free smartphone through SafeLink®, which provides up to 350 free minutes of service per month for members who qualify. This includes unlimited texting and 1GB of data per month for the first three months (then 500MB per month). Members will be able to have telephone access to their KanCare providers and unlimited calling to Sunflower.	Special benefits for pregnant and new moms: <ul style="list-style-type: none"><li>Earn a \$200 debit card for completing first prenatal visit in first trimester (within 42 days of plan enrollment). Card can be used to purchase wellness items for self and baby including diapers and wipes</li><li>Get the "Baby Basics" book.</li></ul> Earn up to \$190 in rewards by joining Baby Blocks			



<p>visits (up to \$150)</p> <ul style="list-style-type: none"> <li>• Text4baby<sup>SM</sup> texting health program</li> </ul>	<ul style="list-style-type: none"> <li>• Community baby showers for pregnant members. Diapers and other gifts are included in these events.</li> <li>• Birthday programs for children</li> </ul>	<p>program and completing all prenatal and post-birth visits. Get a \$20 gift card or a cool diaper bag for joining. Earn seven more rewards for staying with the program until your baby is 15 months old.</p> <ul style="list-style-type: none"> <li>• Pregnant and new moms can get transportation to WIC appointments. Community baby shower events for pregnant and new mothers.</li> </ul>
<p>Additional Transportation Services – Free rides for members going to the pharmacy, WIC eligibility appointments and prenatal classes. Ten round trips per year for members going to job interviews, job training, shopping for work type clothing, food bank or grocery store for food and getting community health services otherwise not covered.</p>	<p>Enhanced transportation to local community events and social activities for members receiving Frail &amp; Elderly and Physical Disability waiver benefits. This benefit includes three round trips a year.</p>	<p>Extra transportation benefits:</p> <ul style="list-style-type: none"> <li>• Transportation to job related activities. Six one-way or three roundtrip rides annually for all adult members.</li> <li>• Members can also get rides to and from support group meetings.</li> </ul> <p>Members on the Physically Disabled, Frail Elderly and Traumatic Brain Injury waivers can get six one-way or three round trip rides to social events.</p>
<p>Stop-smoking Program for members 18 yrs. and older that includes:</p> <ul style="list-style-type: none"> <li>• Nicotine Patches, gum, lozenges and some prescription drugs for six months</li> <li>• 50 counseling sessions per year</li> <li>• Text2quit<sup>SM</sup> texting health program</li> </ul>	<p>Members can participate in a smoking cessation program offered through Sunflower's Healthy Solutions for Life program. Counseling treatment sessions are unlimited.</p>	<p>Members can download Health4Me app on their phone. This app can help members manage their health.</p> <p>Members, or those responsible for members, can access <i>myUHC.com</i> online to help access health history, educate members on working with their doctor, and track doctor visits.</p>
<p>Provide membership to Weight Watchers® standard 12-week program.</p>	<p>Weight management through Sunflower's Health Solutions for Life program with unlimited coaching.</p>	<p>FreshEBT is a mobile app to help members manage their SNAP (food) benefits. Member can get balance and find stores that accept SNAP.</p>
<p>Members who have dementia or Alzheimer's moving to a private home from a nursing home will get 2-door alarms and 6 window locks, this is a one-time benefit.</p>	<p>Community-based Health Services staff can provide in-home member visits to assist with scheduling healthcare appointments and transportation as well as help with paperwork for benefits. They also assist members with accessing food, shelter, or other health or social programs. This service is complementary to case management and is performed by certified Community Health Workers.</p>	<p>Adult members on the Physically Disabled, Frail Elderly and Intellectually/Developmentally Disabled waivers can pick up to \$50 in items from the catalog per year. Select from items such as adult briefs, tub safety rails and other home safety and support items. The service coordinator will assist with your order.</p>
<p>Peer Support Specialists offer community programs for members on Physical Disability (PD) and Autism waivers and those suffering from Serious Mental Illness (SMI) by mentoring and supporting members in their journey to wellness</p>	<p>MyStrength digital behavioral health program has online tools to help members overcome depression and anxiety. MyStrength includes weekly exercises, mood trackers and daily inspirational quotes and videos.</p>	<p>Internet Access: Persons on the Physically Disabled, Frail Elderly, Intellectually/Developmentally Disabled or Autism waiver can get internet service covered as incentive for completing specific health activity.</p>
<p>Provide members 21 yrs. and older with vision coverage including \$50 per year toward glasses, or contacts</p>	<p>We provide practice visits to dentists for members with developmental disabilities and children on the autism waiver to help them become more comfortable with dental preventive care visits.</p>	<p>We offer members who need glasses an enhanced benefit of higher quality lenses beyond what Medicaid covers to help members maintain their vision and improve their self-esteem.</p>
<p>Healthy Teens Program offers membership fees of up to \$35 per year paid to join the YMCA, 4-H, Boys and Girls Club, Boy Scouts or Girl Scouts.</p>	<p>Free services and events to promote healthy lifestyles for kids, such as covering membership fees to the Boys &amp; Girls Clubs. Sunflower's Adopt-a-</p>	<p>Youth members up to 18 will have access to programs at the YMCA, Boys and Girls Clubs, 4-H, and selected Parks and Recreation Departments.</p>



 <p><b>Aetna</b> Aetna Better Health of Kansas <b>1-855-221-5656 (TTY 711)</b></p>	 <p><b>sunflower health plan™</b> <b>1-877-644-4623</b></p>	 <p><b>UnitedHealthcare</b> Community Plan <b>1-877-542-9238</b></p>
<p>Members aged 13-21 yrs. who get their checkups each year will get a \$25 gift card every year they get a checkup.</p>	<p>School Program brings activities, speakers and books into the schools, as well as summer program locations like YMCAs, Libraries, Parks &amp; Recreation Departments and Boys &amp; Girls Clubs.</p>	<p>Adults on the Physically Disabled, Frail Elderly waiver can get access to one \$50 activity per member per year at local Parks and Recreation locations.</p>
<p>Members who have diabetes, ages 21 and older will receive 2 podiatry visits each year.</p>	<p>A Comprehensive Medication Review with a local pharmacist is available to eligible members. The review includes a 30 minute Face-to-Face consultation with a local pharmacist.</p>	<p>Intellectually/Developmentally Disabled waiver members and/or caregivers can download eBook. This eBook was developed with the National Association of Councils on Developmental Disabilities (NACDD).</p>
<p>An extra 24 hours of Personal Care Services per year for members on the following waivers: Intellectual/Developmental Disability (I/DD), Physical Disability (PD) or Frail and Elderly (FE).</p>	<p>In-home tele-health available for adults. This service helps members stay at home when they need help to manage their chronic conditions.</p>	<p>Pest Control treatments for HCBS waiver members who own their home. Services must be set up through service coordinator.</p>
<p>Mental Health First Aid is a class that teaches the general public how to help someone who may be having a mental health or substance use problem. The training helps to spot, understand and respond to signs of addictions and mental illnesses.</p>	<p>Members can receive produce vouchers worth \$10 at special events with participating Farmers Markets.</p>	<p>Medical Alert bracelets available for those who are autistic, Intellectually/Developmentally Disabled or suffering from Alzheimer's or dementia.</p>
<p>An extra 120 hours of respite care per year, no more than 48 hours in a single month, for the caretakers of our members on the Intellectual/Developmental Disability (I/DD), Autism, Frail and Elderly, Physically Disabled (PD), Traumatic Brain Injury (TBI) waivers, HCBS waiting list or children in foster care.</p>	<p>Caregivers are supported through various channels in the Caregiving Collaborations program. This benefit is available to one primary, informal support caregiver per member.</p>	<p>Respite Care for Intellectually/Developmentally Disabled waiver members receiving supported home care or home based services. Up to 40 hours of respite care.</p>
<p>Ted E. Bear, M.D. Club™ Program is for members from newborn to age 12, members get incentives like: Activity Book, Pedometers and \$10-\$15 gift cards for meeting identified goals</p>	<p>Up to 16 hours of hospital companionship for persons on the Intellectual/Developmental Disability (I/DD) and Frail &amp; Elderly waivers.</p>	<p>Members 20 and under and their parents can use KidsHealth. This is an online tool that provides videos and articles on health topics. The site aims to help members manage their health conditions.</p>

Home-delivered Meals for members 21 yrs. and older with a medical need who have been discharged from an inpatient stay; up to 2 meals per day for up to 7 days.	Healthy Solutions for Life is a disease management program for members with asthma, COPD, diabetes, heart disease or high blood pressure. Members can enroll in any of these programs. Participants are assigned a Health Coach who works with the entire healthcare team.	Families with children age 2 to 8 can participate in the Sesame Street "Food for Thought" program. The program is where families can learn about how to eat healthy on a budget from Sesame Street characters.
Members with an asthma diagnosis will get one set of hypoallergenic sheets each year to help lower the chance of an asthmatic attack.	Smartphone application for members experiencing Substance Use Disorder who want instant access to support groups and personal tools. Sunflower helps with phone and service access for participants.	The child member with Asthma is sent information presented by Sesame Street characters that teaches them how to deal with Asthma. Children 1 to 4 will receive the A is for Asthma newsletter.
Members 16 yrs. and older who would like to get their GED certificate will get help through work preparation and attainment programs available (\$120 one-time benefit)	Sunny's Kids Club program mails a new book four times a year to children (parents) who subscribe to the program. Each Kids Club member also receives a welcome packet with a Club Membership Card.	Adults can get help with getting their GED. Health plan will help find and pay for resources to get GED.
No Place Like Home Grant - for members in long stay nursing homes for 60 days or more who are moving into HCBS to help with the move, (up to \$5,000/member).	Sunflower offers nursing home transition support by partnering with providers to: <ul style="list-style-type: none"> <li>• Conduct pre-placement transition meetings and activities.</li> <li>• Follow-up visits to ensure services and equipment are in place and meeting the member's needs, to confirm or set up a PCP appointment</li> <li>• Cover 1 week of home-delivered meals for each member transitioning out of a nursing facility.</li> </ul> Members may be eligible for additional financial assistance or benefits, based upon need, when transitioning to independent living situations.	Adults can learn to code. Health plan will help find and pay up to \$200 annual for coding classes.
		Behavioral Health and Substance Abuse Training Programs: <ul style="list-style-type: none"> <li>• Question Persuade and Refer (QPR): Learn what to do in an emergency mental health moment. Be able to help someone showing suicide warning signs.</li> <li>• Behavioral Therapy Program web-based tool.</li> <li>• A-CHES: A phone app to help those fighting substance use disorders.</li> <li>• Mental Health First Aid: A training class to learn how to identify and respond to signs of mental illness and substance abuse.</li> <li>• Seeking Safety: A training that teaches coping skills to help adults, children and youth attain safety from trauma and/or substance abuse.</li> </ul>
	Sunflower Transition to Employment Program (STEP) is a workforce development and employment support resource program. We help members identify and remove employment barriers. Benefits include enhanced transportation coverage, GED prep test vouchers and assistance with career counseling services.	On My Way (OMW): Young adult members can access websites to help prepare them for adult life. OMW teaches skills like managing money, getting housing, finding job training and applying for college.

To change plans call 1-866-305-5147

Para cambiar planes llame 1-866-305-5147

The full PDF version of this document can be found at <https://www.kancare.ks.gov/consumers/benefits-services>.

## BENEFICIARY CONTACT FORM

**\* Items marked with asterisk (\*) indicate required fields**

**MIPPA Contact \*:** ☐ Yes ☐ No

**Send to SMP:** ☐ Yes ☐ No **SIRS eFile ID:**  
 (\*required if sending record to SMP)

### Counselor Information \*

Session Conducted By \* : \_\_\_\_\_ ZIP Code of Session Location \* : \_\_\_\_\_ State of Session Location \* : \_\_\_\_\_  
 Partner Organization Affiliation\* : \_\_\_\_\_ County of Session Location \* : \_\_\_\_\_

### Beneficiary & Representative Name and Contact Information

Beneficiary First Name: \_\_\_\_\_ Representative First Name: \_\_\_\_\_  
 Beneficiary Last Name: \_\_\_\_\_ Representative Last Name: \_\_\_\_\_  
 Beneficiary Phone: ( \_\_\_\_\_ ) - \_\_\_\_\_ - \_\_\_\_\_ Representative Phone: ( \_\_\_\_\_ ) - \_\_\_\_\_ - \_\_\_\_\_  
 Beneficiary Email: \_\_\_\_\_ Representative Email: \_\_\_\_\_

### Beneficiary Residence \*

State of Bene Res. \* : \_\_\_\_\_ Zip Code of Bene Res. \* : \_\_\_\_\_ County of Bene Res. \* : \_\_\_\_\_

Date of Contact \*:

### How Did Beneficiary Learn About SHIP \* (select only one):

☐ CMS Outreach ☐ Previous Contact ☐ SHIP TA Center ☐ Other  
☐ Congressional Office ☐ SHIP Mailings ☐ SSA ☐ Not Collected  
☐ Friend or Relative ☐ SHIP Media ☐ State Medicaid Agency  
☐ Health/Drug Plan ☐ SHIP Presentation ☐ 1-800 Medicare  
☐ Partner Agency ☐ State SHIP Website

### Method of Contact \* (select only one):

☐ Phone Call ☐ Face to Face at ☐ Face to Face at  
☐ Email Session Location/ Bene Home/  
☐ Web-based Event Site Facility  
☐ Postal Mail or Fax

### Beneficiary Age Group \* (select only one):

☐ 64 or Younger ☐ 85 or Older  
☐ 65 – 74 ☐ Not Collected  
☐ 75 – 84

### Beneficiary Gender \* (select only one):

☐ Female  
☐ Male  
☐ Other  
☐ Not Collected

### Beneficiary Race \* (multiple selections allowed):

☐ American Indian or Alaska Native  
☐ Asian  
☐ Black or African American  
☐ Hispanic or Latino  
☐ Native Hawaiian or Other Pacific Islander  
☐ White  
☐ Not Collected

### Beneficiary Language \*:

English is Beneficiary's Primary Language ☐ Yes ☐ No

### Receiving or Applying for Social Security Disability or Medicare Disability \* (select only one):

☐ Yes ☐ No

### Beneficiary Monthly Income \* (select only one):

☐ Below 150% FPL ☐ Not Collected  
☐ At or Above 150% FPL

### Beneficiary Assets \* (select only one):

☐ Below LIS Asset Limits ☐ Not Collected  
☐ Above LIS Asset Limits

### Topics Discussed \* (At least one Topic Discussed selection is required. Multiple selections allowed)

**Original Medicare (Parts A & B)**  
☐ Appeals/Grievances  
☐ Benefit Explanation  
☐ Claims/Billing  
☐ Coordination of Benefits  
☐ Eligibility  
☐ Enrollment/Disenrollment  
☐ Fraud and Abuse  
☐ QIO/Quality of Care

**Medigap and Medicare Select**  
☐ Benefit Explanation  
☐ Claims/Billing  
☐ Eligibility/Screening  
☐ Fraud and Abuse  
☐ Marketing/Sales Complaints & Issues  
☐ Plan Non-Renewal  
☐ Plans Comparison

**Topics Discussed (multiple selections allowed) (continued from p.1)\*****Medicare Advantage (MA and MA-PD)**

- ☐ Appeals/Grievances
- ☐ Benefit Explanation
- ☐ Claims/Billing
- ☐ Disenrollment
- ☐ Eligibility/Screening
- ☐ Enrollment
- ☐ Fraud and Abuse
- ☐ Marketing/Sales Complaints & Issues
- ☐ Plan Non-Renewal
- ☐ Plans Comparison
- ☐ QIO/Quality of Care

**Medicare Part D**

- ☐ Appeals/Grievances
- ☐ Benefit Explanation
- ☐ Claims/Billing
- ☐ Disenrollment
- ☐ Eligibility/Screening
- ☐ Enrollment
- ☐ Fraud and Abuse
- ☐ Marketing/Sales Complaints & Issues
- ☐ Plan Non-Renewal
- ☐ Plans Comparison

**Part D Low Income Subsidy (LIS/Extra Help)**

- ☐ Appeals/Grievances
- ☐ Application Assistance
- ☐ Application Submission
- ☐ Benefit Explanation
- ☐ Claims/Billing
- ☐ Eligibility/Screening
- ☐ LI NET/BAE

**Other Prescription Assistance**

- ☐ Manufacturer Programs
- ☐ Military Drug Benefits
- ☐ State Pharmaceutical Assistance Programs
- ☐ Union/Employer Plan
- ☐ Other

**Medicaid**

- ☐ Application Submission
- ☐ Benefit Explanation
- ☐ Claims/Billing
- ☐ Eligibility/Screening
- ☐ Fraud and Abuse
- ☐ Medicaid Application Assistance
- ☐ Medicare Buy-in Coordination
- ☐ Medicaid Managed Care
- ☐ MSP Application Assistance
- ☐ Recertification
- ☐ Other

**Other Insurance**

- ☐ Active Employer Health Benefits
- ☐ COBRA
- ☐ Indian Health Services
- ☐ Long Term Care (LTC) Insurance
- ☐ LTC Partnership
- ☐ Other Health Insurance
- ☐ Retiree Employer Health Benefits
- ☐ Tricare For Life Health Benefits
- ☐ Tricare Health Benefits
- ☐ VA/Veterans Health Benefits
- ☐ Other

**Additional Topic Details**

- ☐ Ambulance
- ☐ Dental/Vision/Hearing
- ☐ DMEPOS
- ☐ Duals Demonstration
- ☐ Home Health Care
- ☐ Hospice
- ☐ Hospital
- ☐ New Medicare Card
- ☐ New to Medicare
- ☐ Preventive Benefits
- ☐ Skilled Nursing Facility

**Total Time Spent on This Contact \***

\_\_\_\_ Hours \_\_\_\_ Minutes

**Status \***

☐ In Progress ☐ Completed

**Special Use Fields**

Original PDP/MA-PD Cost: \_\_\_\_\_

Field 3: \_\_\_\_\_

New PDP/MA-PD Cost: \_\_\_\_\_

Field 4: \_\_\_\_\_

Field 5: \_\_\_\_\_

**Notes**



## GROUP OUTREACH & EDUCATION FORM

**\* Items marked with asterisk (\*) indicate required fields**

<b>MIPPA Event *:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Send to SMP:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>SIRS eFile ID:</b> (*required if sending record to SMP)

### Event Details \*

Session Conducted By *: _____	Partner Organization Affiliation* : _____
Total Time Spent on Event *: _____ Hours      _____ Minutes	Title of Interaction *: _____
Number of Attendees * : _____  Start Date of Activity * : _____ End Date of Activity : _____	Type of Event * (select only one): <input type="checkbox"/> Booth/Exhibit (Health Fair, Senior Fair or Community Event) <input type="checkbox"/> Enrollment Event <input type="checkbox"/> Interactive Presentation to Public (In-Person, Video Conference, Web-based Event, Teleconference)

### Event Location \*

State of Event \* : \_\_\_\_\_ Zip Code of Event \* : \_\_\_\_\_

County of Event \* : \_\_\_\_\_

### Event Contact Information

Event Contact First Name:	Event Contact Phone:
_____	_____
Event Contact Last Name:	Event Contact Email:
_____	_____

### Intended Audience \* (multiple selections allowed):

<input type="checkbox"/> Beneficiaries	<input type="checkbox"/> Limited-English Proficiency	<input type="checkbox"/> People with Disabilities
<input type="checkbox"/> Employer-Related Groups	<input type="checkbox"/> Medicare Pre-Enrollees	<input type="checkbox"/> Rural Beneficiaries
<input type="checkbox"/> Family Members/Caregivers	<input type="checkbox"/> Partner Organizations	<input type="checkbox"/> Other

### Target Beneficiary Group \* (multiple selections allowed):

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Rural
<input type="checkbox"/> Asian	<input type="checkbox"/> Languages Other Than English	<input type="checkbox"/> N/A
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Low Income	<input type="checkbox"/> Not Collected
<input type="checkbox"/> Disabled	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> Other

### Topics Discussed \* (multiple selections allowed):

<input type="checkbox"/> Duals Demonstration	<input type="checkbox"/> Medicare Fraud and Abuse	<input type="checkbox"/> Other Prescription Drug Coverage
<input type="checkbox"/> Extra Help/LIS	<input type="checkbox"/> Medicare Part D	<input type="checkbox"/> Partnership Recruitment
<input type="checkbox"/> General SHIP Program Information	<input type="checkbox"/> Medicare Savings Program	<input type="checkbox"/> Preventive Services
<input type="checkbox"/> Long-Term Care Insurance	<input type="checkbox"/> Medigap or Supplemental Insurance	<input type="checkbox"/> Volunteer Recruitment
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Original Medicare (Parts A and B)	<input type="checkbox"/> Other
<input type="checkbox"/> Medicare Advantage		

(Continued on p.2)

**Special Use Fields**

Field 1: \_\_\_\_\_

Field 2: \_\_\_\_\_

Field 3: \_\_\_\_\_

Field 4: \_\_\_\_\_

Field 5: \_\_\_\_\_

**Notes**

## MEDIA OUTREACH & EDUCATION FORM

**\* Items marked with asterisk (\*) indicate required fields**

<b>MIPPA Event *:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Send to SMP:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>SIRS eFile ID:</b> (*required if sending record to SMP)

### Event Details \*

Session Conducted By *: _____ _____	Partner Organization Affiliation* : _____ _____
Total Time Spent on Event *: _____ _____ Hours          _____ Minutes	Title of Interaction *: _____ _____
Type of Media * (select only one): <input type="checkbox"/> Billboard <input type="checkbox"/> Radio <input type="checkbox"/> Email <input type="checkbox"/> Social Media <input type="checkbox"/> Magazine <input type="checkbox"/> Television <input type="checkbox"/> Newsletter <input type="checkbox"/> Website <input type="checkbox"/> Newspaper <input type="checkbox"/> Other	Estimated Number of People Reached: _____  Geographic Coverage (select only one): <input type="checkbox"/> County or Counties <input type="checkbox"/> Regional <input type="checkbox"/> Multi-State <input type="checkbox"/> Statewide <input type="checkbox"/> National <input type="checkbox"/> Zip Code
Start Date of Activity *: _____ End Date of Activity: _____	

### Event Location \*

State of Event \* : \_\_\_\_\_ Zip Code of Event \* : \_\_\_\_\_

County of Event \* : \_\_\_\_\_

### Media Contact Information

Media Contact First Name: _____ _____	Media Contact Phone: _____ _____
Media Contact Last Name: _____ _____	Media Contact Email: _____ _____

### Intended Audience \* (multiple selections allowed):

<input type="checkbox"/> Beneficiaries	<input type="checkbox"/> Limited-English Proficiency	<input type="checkbox"/> People with Disabilities
<input type="checkbox"/> Employer-Related Groups	<input type="checkbox"/> Medicare Pre-Enrollees	<input type="checkbox"/> Rural Beneficiaries
<input type="checkbox"/> Family Members/Caregivers	<input type="checkbox"/> Partner Organizations	<input type="checkbox"/> Other

### Target Beneficiary Group \* (multiple selections allowed):

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Rural
<input type="checkbox"/> Asian	<input type="checkbox"/> Languages Other Than English	<input type="checkbox"/> N/A
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Low Income	<input type="checkbox"/> Not Collected
<input type="checkbox"/> Disabled	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> Other

### Topics Discussed \* (multiple selections allowed):

<input type="checkbox"/> Duals Demonstration	<input type="checkbox"/> Medicare Fraud and Abuse	<input type="checkbox"/> Other Prescription Drug Coverage
<input type="checkbox"/> Extra Help/LIS	<input type="checkbox"/> Medicare Part D	<input type="checkbox"/> Partnership Recruitment
<input type="checkbox"/> General SHIP Program Information	<input type="checkbox"/> Medicare Savings Program	<input type="checkbox"/> Preventive Services
<input type="checkbox"/> Long-Term Care Insurance	<input type="checkbox"/> Medigap or Supplemental Insurance	<input type="checkbox"/> Volunteer Recruitment
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Original Medicare (Parts A and B)	<input type="checkbox"/> Other
<input type="checkbox"/> Medicare Advantage		

(Continued on p.2)

**Special Use Fields**

Field 1: \_\_\_\_\_

Field 2: \_\_\_\_\_

Field 3: \_\_\_\_\_

Field 4: \_\_\_\_\_

Field 5: \_\_\_\_\_

**Notes**